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Communications.

THE MORTALITY OF THE SEXES AT DIFFERENT AGES.

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The mortality statistics of the U. S. Census of 1880 are very far from being complete, except for a few cities, yet they are not without value. From their extent they afford us excellent data for many interesting studies. To gather from them some light on the subject of the mortality of the sexes at different periods of life is my purpose at this time.

However incomplete the statistics in question may be, it is pretty certain that they are about as complete for one sex as the other, not only as regards number, but the age at death. The truth of this statement admits of little doubt; still it is proper to say that Dr. Billings is of the opinion that probably the "deficiency in the returns of deaths of females is somewhat greater than for the males." Whether the year of age given is correct is another matter, but in respect to it I may say that by dividing life into periods of five years each the returns may be taken as moderably accurate for both sexes.

The whole number of deaths reported as having occurred during the census year was 756,893, of which 391,960 were males and 364,933 females. Hence, of the deaths reported 51.78 per cent. were males and 48.22 females.

As need hardly be said, the census returns present a very unequal number for each age. Thus, while the number of deaths returned as of persons under five years was 302,625, the number between five and ten years was only 43,093. In the various periods of five years after the tenth year, however, the number of deaths returned do not differ vastly. Between ten and fifteen the number returned was 22,915, and at no period was it more than 7,000 over this up to the period ending at eighty, for which it was 22,352, except the two periods between twenty and thirty for which the returns were 39,355 and 33,132.

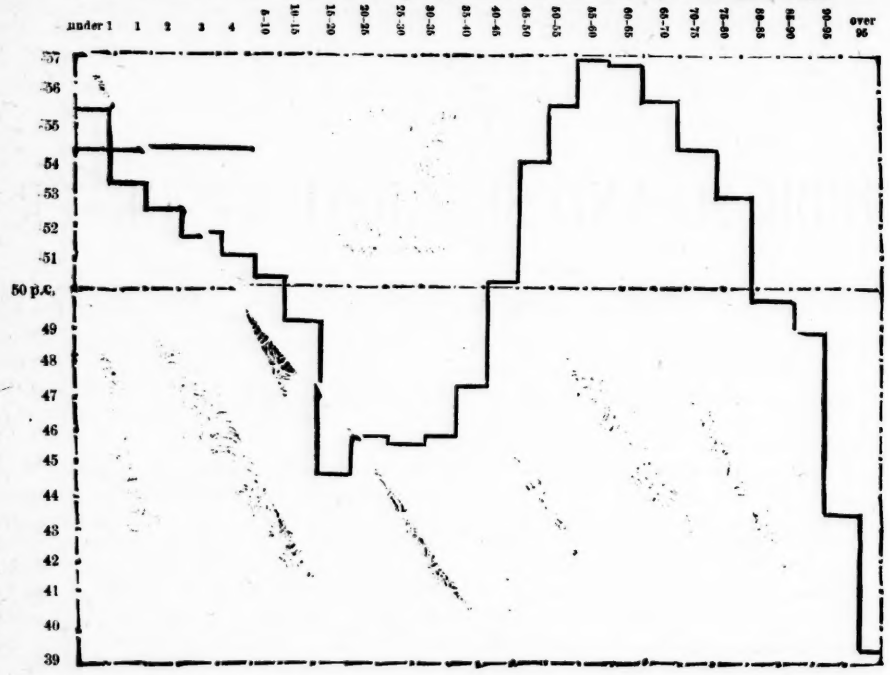
In order to render the relative mortality of the sexes, at different periods of life, more obvious, I have reduced the census returns to percentages as indicated in the following table:

Age.	Males.	Females.
Under 1	55.28	44.72
1	53.24	46.76
2	52.56	47.44
3	51.59	48.41
4	51.07	48.93
Under 5	54.12	45.88
5–10	50.21	49.79
10–15	49.00	51.00
15–20	44.59	55.41
20–25	45.85	54.15
25–30	45.26	54.74
30–35	45.77	54.23
35–40	47.09	52.91
40–45	50.09	49.91
45–50	53.79	46.21
50–55	55.44	44 56
55–60	56.99	43.01
60–65	56.48	43.52
65–70	55.31	44.69
70–75	53.92	46.08
75–80	52.84	47.16
80–85	49.52	50.48
85–90	47.76	52.24
90–95	43.28	56.72
Over 95	39.32	60.68

The above table of percentages of deaths of the sexes at different ages is very clearly presented in the accompanying diagram:

Now, it is certain that there are more male than female children to begin with. The

DIAGRAM SHOWING THE PERCENTAGES OF MORTALITY OF THE SEXES AT DIFFERENT AGES.



The heavy line shows the p. c. of deaths of males of different ages. The p. c. of deaths of females of different ages is implied.

*This line shows the p. c. of deaths of males under 5 years.

male births exceed the female by four per cent., perhaps more. Hence there being more male than female children one would expect the deaths of males to out-number those of females. But beyond doubt a greater percentage of males than of females die in childhood. On looking at the diagram it will be observed that over fifty-four per cent. of the deaths of children under five years are of males. And from the first up to the fifth year it would seem that the males suffer less and less. Dr. Billings is partly correct and partly incorrect in saying that the "excessive death-rate of males occurs chiefly at the earlier ages." It appears that even in the very immature sex makes itself felt. Bacon was but approximately correct in his declaration that in "all young creatures males are like females."

From the fifth to the tenth, or, I might say from the fifth to about the fifteenth year, the deaths of males and females are nearly equal in number. A similar statement applies in the period between forty and forty-five, and also in the period between eighty and eighty-five. In England the deaths of the sexes appear to be equal from five to ten years and from thirty-five to forty-five, as will be observed by consulting the following table of the yearly deaths to the 1,000 living of each sex at the ages indicated:

Ages.	Males.	Females.
Under 5	74	63
5–10	9	9
10–15	5	7
15–25	8	9
25–35	10	11
35–45	13	13
45–55	19	16
55–65	32	29
65–75	69	61
75–85	150	137
85–95	303	281
Over 95	452	452

The construction of this table, I may remark, is, of course, different from that of the one given above. The United States census statistics, both as regards ages and the deaths, are so inaccurate that it would be waste of time to cipher out a similar one.

From the period of puberty forward to about the fortieth year the deaths of females are greatly in excess; girls between fifteen and twenty are particularly unfortunate. It is at this period, I may say, that consumption of the lungs is so much more destructive—twice as destructive—to females than to males, as I have pointed out on another oc-

casion (MEDICAL AND SURGICAL REPORTER, January 1, 1881).

After the thirtieth year the mortality of women lessens and continues to lessen up to the period between the fiftieth and sixtieth years of age, at which time it is at its minimum, relatively speaking.

The figures given possibly do not express fully the excess in the mortality of females, aged from fifteen to forty. The male population of such age is considerably more increased than that of females through immigration. Still, I believe, the female population is as great, or even greater, than the male from the fourth up to perhaps over the twenty-fifth year.

From the fact that there is an excess in female mortality between the fifteenth and fortieth years or so, many, and among them Dr. Billings, connect it with child-bearing, but it is doubtless an error to attribute it more than in small part to the mishaps attendant on the performance of this great function. Child-bearing is getting to be a terrible bugbear to humanity!

At this point I may remark that there is nothing in the figures given to indicate that women are in any special danger of losing their lives about the time commonly spoken of as the change of life. The contrary, indeed, is the case. The actual figures do not show an excess of deaths of females from the fortieth to the fiftieth years of age; there is a gradual fall in the number of deaths per year from the thirtieth forward to the fiftieth. From the forty-fifth year forward to the seventieth, but particularly between fifty-five and sixty-five, women fare better than men.

After the sixty-fifth year, the percentage of the deaths of males is less and less until the final period, running from ninety-five, is reached, when of all the deaths a trifle less than forty per cent. only are of males.

In both extremes, youth and extreme age, the female has the surer tenure of life. The remark that she is the frailer vessel, is only in part true. Against the various forces which tend to destroy, she resists the better, save during the five-and-twenty years between fifteen and forty.

SOME OBSERVATIONS DURING TWO YEARS' RESIDENCE AT COLORADO SPRINGS, COLORADO.*

BY J. T. ESKRIDGE, M. D.

I will endeavor, in as brief a space as possible, to make some practical remarks concerning Colorado Springs as a health resort for consumptive patients especially. For what I shall have to say of the climate I shall rely mainly on my own observations, made during the two years that, as an invalid, I have resided there. In regard to the effects of the climate on phthisis, I will try to sum up the results of the experiences of the principal physicians of the place, and give them, together with what I have observed. I am not ignorant of the fact that you can find over-painted descriptions of Colorado climate. So you may of every other climate that is supposed to have a beneficial effect on lung troubles. To such a degree have the climatic virtues of different places been lauded, that disinterested physicians have come to have but little more confidence in the greater portion of the statements in articles written by physicians who reside and practice at these various health resorts than they have in the exaggerated accounts of the healing powers of some patent medicine; and as the nostrum is praised simply because it pays, so physicians do not altogether escape suspicion or even censure of being influenced by mercenary motives in their comparisons of the relative advantages of different climates. The truth is, it is very difficult not to allow one's self to become over-enthusiastic concerning the merits of a place in which you find so many who were failing rapidly before leaving their homes able to enjoy life, live in the open air, and frequently resume business again. That I may escape any suspicion of being influenced by a mercenary motive in writing this paper, I will state that since I have been at Colorado Springs I have done no general practice, nor do I intend to resume it there. From time to time I have had cases of lung trouble referred to me by Eastern physicians, but I have invariably refused to attend them. I am glad to have this opportunity to say that there are a number of good physicians residing there. I have never before been in a place of its size where so much intelligence and talent in the medical profession was to be found. The greater portion of the physicians who reside there have been compelled to go to Colorado on account of their health. Most of them are graduates of some of the best medical colleges East. I am sorry to have to say that you will also find a number of irregular physicians there.

Climate.—I wish to remark, in prefacing this subject, that the longer one has resided in Colorado, the less certain he is regarding

*Read before the Philadelphia County Medical Society, September 22, 1886.

weather prognostics there. For convenience sake, the weather may be divided into two seasons, the wet and the dry. The former usually begins in April and ends in September or October. From October to April, as a rule, there is no rain. During a large portion of the wet season it is the rule to have daily showers in the early part of the afternoon, lasting from half an hour to an hour, the remainder of the day being clear. In the latter part of June and the early portion of July of the present year, there was a dry spell of several weeks' duration, with almost no rain at all. Most persons who visit Colorado are prepared to expect the daily showers, during the rainy season, but what they are not prepared for, and what not infrequently makes many suspicious of the reputed dryness of Colorado weather, is the occurrence, once or twice annually, of rainy spells of weather, lasting two and sometimes three days. During a portion of these times it rains as hard as I ever saw it along the Atlantic coast. So much for the rainy season. I have seen it stated that no rain falls there from the last of October till March; yet, during last winter I remember two light showers. They did not last long, nor did much water fall. Some persons who had resided in Colorado Springs for several years told me that they had never seen rain there before during the winter months. I should not consider these showers of sufficient account to deserve mention, were I not trying to give as accurately as possible my observations of the weather there for the past two years. No rain fell in the winter of 1884–85. During the winter repeated light snows fall, but they do not lie on the ground long, and evaporation is rapid and the soil porous, so that they disappear without leaving the ground damp for more than a few hours after the snow is gone. While the snow is rapidly thawing in the hot sun, but little water is found on the ground, so that the days and weeks of terrible sludge so commonly experienced in many portions of the country are almost, if not entirely unknown in Colorado Springs. It is in the cool, dry weather that the air has the most invigorating effects. It sometimes may be said to be crispy and exhilarating. The warm season is much shorter than we find it in Philadelphia. Spring is late; in fact, this season seems to be largely dispensed with, and the change from cool wintry weather into mild summer heat is not uncommon. The years that I have been in Colorado, cool weather has begun the latter part of August, although it is frequently quite warm in the middle of the day until late in September or the beginning of October. The warm season is but little over two months' duration. During this season the thermometer in the shade may rise from 90° to 100°, but, as a rule, only for a few days in succession. The summer just past seems to have been an exception in this respect, for we had a spell, of one or two weeks, of quite hot weather. During August of 1884 (the time when I first reached Colorado Springs), and the summer of 1885, I did not experience a night that one or two blankets were not necessary. In the hot, dry spell of July of the present year there were several nights that I could not endure a single blanket. From my experience, I should say that it is the exception not to find comfortably cool nights throughout the summer in Colorado. Evaporation is so rapid that the heat is much less oppressive than we find it at the same temperature along the Atlantic coast. I never have found any difficulty in keeping comfortable on the hottest days whilst I was sitting quietly in the shade. The weather rarely gets very cold much before Christmas. Last winter no very cold weather was experienced until the first of January. The coldest weather occurs during January and February. The average temperature during these months is not very low (from 25° to 30°), but occasionally the thermometer drops to 20° or 30°. As the heat is less hard to endure, so the cold is less chilling and piercing in a dry than in a damp atmosphere. One will have to visit, in the winter, Colorado or some other place with a similar climate, and experience for himself, before he can realize fully, the difference in temperature between the shade and sun, even on the coldest winter day. During the winter, with the sun shining brightly, a thermometer exposed to the direct rays of the sun and protected from the wind will rise to 100° to 110°, whilst the the temperature in the shade, probably not four feet distant, will be below 30°. On several occasions, in midwinter, while I have been sitting in the sun, I have been compelled to use an umbrella for protection, the shade temperature at the time being sufficiently cold to freeze. One of the great advantages of Colorado climate in the winter is the amount of time that invalids can be in the open air, although they may not be able to take much exercise. During the month of February of 1885, there were only three days that I was unable to sit in the open air, with entire comfort, from about 10 a. m. to 3 p. m. The hours of sunshine in

Colorado, during the fall and winter, double, and probably treble, those along the Atlantic coast. The meteorological records, where three observations were made daily, show only three cloudy days for some winters. The observations, I have no doubt, are literally correct, but somewhat deceptive, if we were to understand by them that all the days but three of an entire winter were bright and sunny. At the hours when the observations are made the sun may be shining, and twenty minutes after it may be cloudy, as it frequently is. These changes the records do not show. Observations which, when completed, will show the hours of sunshine each day for the entire year, are being made now at Colorado Springs, by means of the sun thermometer. I admit that an entire cloudy day, during the winter and fall is rare, but there are a number of raw and partially cloudy days that are too cold and disagreeable for invalids to be in the open air, unless they are strong enough to exercise sufficiently to keep themselves warm. Besides, there are some windy days that keep the weaker invalids in doors. A few words in regard to sudden changes of temperature. I have not infrequently seen it stated, by physicians, that in selecting a climate for consumptive patients we should choose one that is dry, free from high winds and great and sudden temperature changes. If you will reflect, you will realize that where there is but little moisture in the atmosphere there can be but a correspondingly small quantity of the solar heat retained by it, so that after the sun has been shining for a number of hours, and sets, or is hidden suddenly by thick clouds, there must be necessarily a sudden fall in temperature. The sudden changes in temperature may be attended by considerable wind. So common and sudden are these changes in Colorado during the spring months especially, that no one who is prudent travels far from home or shelter without being prepared for such emergencies. You will find that when you have decided that your patient will do best in a dry climate, you must see to it that he is prepared, by a sufficient amount of strength, and good warm underclothing, to endure sudden changes of temperature, if he expects to live much in the open air throughout the year. Of course, if a patient is careful to always be where he can readily obtain shelter, he may not experience much inconvenience from the variations in temperature. Another point: a place that has a dry climate with a loose, porous soil, must of necessity have considerable dust stirring during the windy days. A dry climate with a mild equable temperature is a thing that does not exist. Again, in high altitudes the air is more rarefied than at sea-level, and in consequence a greater amount of breathing capacity is necessary for a person to breathe with ease and comfort. For the reasons that I have stated, consumptive patients, with little breathing room (unless it can be increased), or in the last stages of this disease, almost invariably do badly in dry mountainous regions, and die sooner than they will at low altitudes.

The question is often asked, How are persons in apparent health affected on going to an altitude of six thousand feet? I do not believe that persons in a good state of health experience any unpleasant sensations if they are careful not to exercise much on first reaching such an elevation, but the majority of persons visiting Colorado often make the mistake, on first arriving there, of exercising as much, or even more, than they were accustomed to do at sea-level. The consequence is, that many such are troubled with irritable heart, shortness of breath after walking, and, what is more common, especially in persons beyond the age of forty, a full sensation in the head, a dull feeling in the ears, with some lessening of the acuteness of hearing. In about two weeks, such persons, if they have not continued to take too much exercise, apparently resume their normal condition. I have made a number of observations on the acuteness of hearing in persons who have lived some time in Colorado, and these have led me to believe that this sense is not so acute as we usually find it in persons living in a damper climate. This will be easily accounted for, when we study the effects of the climate on exposed mucous membranes. These are, briefly, dryness, hyperæmia, inflammation, and thickening. The dust, wind, and dry atmosphere undoubtedly are the potent agents in producing these changes. Conjunctivitis, nasal and naso-pharyngeal catarrh, are very common. As a rule, there is not much discharge, the catarrh being of a dry, irritative character. The inflammation usually extends into the Eustachian tubes, and involves the middle ears. The larynx does not escape, and an occasional hacking cough is not infrequent in persons who are otherwise apparently well. From what I have gleaned from the experiences of other physicians, as well as what I have observed, I think that all catarrhal affections of the air-passages attended with much discharge are benefited, usually, on going to Colorado. My experience has been—

and this is in accord with that of most of the physicians with whom I have conversed on the subject—that dry, irritative catarrhal conditions of the upper air-passages, and of the middle and external ears, are made worse by residing in Colorado. It seems to be the almost unanimous impression with physicians whose opinions are entitled to consideration, that acute inflammations are sharper, and run a more rapid course, with, I think, less tendency to chronicity, than what we find of the same troubles at sea-level. The physician who is sending patients suffering from phthisis to Colorado is desirous to know what cases most probably will do well there, and what ones he ought not to send. In my opinion, no positive information that will avail in every case can be given. Some, apparently the most desperate, do well, and on the other hand, others, which he may have many reasons to believe will be greatly benefited, grow steadily worse, or fail to improve. In trying to give some information that may help the physician to decide, I shall ignore most of the different varieties of phthisis as usually classified. I do this mainly because phthisis is studied clinically rather than pathologically at most health resorts. It must be exceedingly rare that a post-mortem examination can be obtained on phthisical cases that die at Colorado Springs, for I have not been able to witness one there. Before endeavoring to specify certain classes of cases for Colorado climate, I wish to state that the physicians there are unanimous in their testimony to the fact that a prolonged residence causes an increased expansion of the chest. I am informed by some of the most careful that the circumference of the chest, on full inspiration, increases from one and a half to two inches during the first year. I think I am justified in saying that consumptive patients, in the last stages of the disease, especially if weak and nervous, or those who have in addition to their lung trouble an irritable, weak heart, due to valvular lesion or a weakened heart muscle, should not be sent to Colorado. An irritable heart caused by poor nutrition rapidly passes away as the general health is improved. Theoretically, there are two classes of cases that should not be much benefited, if at all, by residing in Colorado; one is plastic bronchitis, the other fibroid phthisis. Of the former, I know of only one physician who has a case. It has not been under his care long, but apparently it is doing well. It is well known that patients suffering from fibroid phthisis may live a long time in damp climates and at low altitudes, especially if the climate is mild. But they do not get well; neither do they in Colorado. There they live comparatively comfortable for a number of years, taking much out-door exercise. The quantity of expectoration is greatly lessened, and its character improved, but increase in fibrous tissue goes on. From the irritative nature of the atmosphere there, we should expect that the increase of fibrous tissue would be more rapid than in a milder and damper climate. It is difficult to say whether the benefits derived from the lessened quantity of secretion, the aseptic condition of the atmosphere, and probably less tendency to bronchiectasis, do compensate for the irritative effects of the atmosphere. I have been informed, by one of the best and most experienced physicians of Colorado Springs, that he never has known a case of fibroid phthisis to terminate there by the development of tubercles. What the climate seems to offer in these cases is comfort, or amelioration of the effects of the disease—not a cure, and probably not as long a period of life to the patient. I have now to consider cases for which, if other things are favorable, there is little doubt about their being benefited by the climate of Colorado. The early hemorrhagic cases appear to do the best. It is almost if not the unanimous opinion of the physicians there, that the climate of Colorado is not only not productive of pulmonary hemorrhage in phthisis, but that these hemorrhages are less frequent in a given number of cases than they are found to be along the Atlantic coast, or in the States near the great lakes. I wish to emphasize the fact that these cases must lead necessarily a very quiet life during the first period of their residence in Colorado. It is obvious that if a case that is liable to bleed on slight exertion were to go there and exercise much before the ulcerated portions of the lungs had healed, hemorrhage would result, and probably to a greater extent than it would have done from the same amount of exercise at sea level. The tendency for ulcerated surfaces exposed to an aseptic atmosphere is to heal, and for this reason hemorrhages in the early stages of consumption are arrested. I have observed that pulmonary hemorrhage is rare there in persons who are prudent. In nearly every instance where pulmonary hemorrhage has occurred—and my own case is not an exception—the patient has had himself to blame for the bleeding. I will say nothing of the influence of the climate and altitude on the production of pulmonary hemorrhage in consumptive per-

sons whose lungs contain large cavities, and who are in the last stages of the disease, for such cases should not be sent to Colorado. The effects of the dryness and aseptic condition of the atmosphere are clearly seen in lessening the secretion in cases where expectoration is abundant. Bronchial phthisis and the so-called catarrhal pneumonias do well. All those cases of phthisis in the incipient stage, provided the temperature is not too high, and the decided fever process is not kept up too long, improve rapidly. Persons suffering from phthisis may have a moderate rise of temperature, extending over a prolonged period, and yet improve, in Colorado. The fact that a person has a small cavity in the lung should not prevent his going to a high altitude, provided there is a large portion of healthy lung, and the patient is not too greatly reduced in strength. All those cases embarrassed by conditions favorable for the development of tuberculosis, as indicated by heredity, poorly expanded chest, anæmia, loss of flesh, and often extreme weakness, usually receive great benefit from a *prolonged* residence in Colorado.

In this connection I wish to say a few words concerning heart troubles as influenced by the climate and altitude at Colorado Springs. We are told by some writers that all heart affections are increased by the altitude there. To suppose that because a person has a valvular lesion of the heart, he, in consequence, will be unable to live comfortably at an altitude of 5,000 or 6,000 feet is an error. I have seen a number of cases of valvular lesion of the heart there, the physicians having been kind enough to allow me to study their cases. I know of a few who have valvular lesions, and who work daily, without experiencing any difficulty. One of these is a poor woman, who works very hard, and is not aware of her heart trouble. One patient, Dr. T., has well marked mitral regurgitation, and suffers from shortness of breath and cardiac asthma, when at Colorado Springs, but when she returns to her husband's ranch in the mountains at an elevation of about 8,000 feet, 2,000 greater than that of the Springs, she feels comfortable. I certainly should not advise any one to go to Colorado for the cure of heart trouble, but when one is compelled to go there, the fact of his having a little roughness at one of the cardiac orifices will not be of itself a positive contraindication to his going. Cases of cardiac degeneration and enervation are the ones that suffer in Colorado, and in these the altitude may prove fatal. So long, then, as a case of valvular lesion of the heart gives rise to no discomfort, the compensatory hypertrophy being sufficient to compensate for the leakage or obstruction, there will be no difficulty, probably, in living at a moderately high altitude. But so soon as the dilatation is greater than the hypertrophy, and the heart muscle begins to weaken, will a valvular lesion be a great obstacle to living in Colorado. Persons affected with fatty degeneration of the heart should avoid high altitudes. Irritable hearts, due to a highly sensitive nervous system, bear exercise very poorly there. Irritable hearts, dependent upon weakness which is removable, do well.

It may be desirable to say a few words in regard to how invalids are affected on first going to Colorado. From what I have learned through the experience of other physicians and from my own observations, I do not believe that persons who are not extremely weak experience any unpleasant sensations. Invalids who go there and exercise too much soon after their arrival, as their feelings often lead them to do, soon begin to feel tired, and, perhaps, short of breath. Should a consumptive patient, on reaching Colorado, be attacked with spells of shortness of breath, without having exercised, it would be prudent, nay, urgent, for him to get away as soon as possible. Physicians, on sending their patients to Colorado, or any other high altitude, should impress upon them the necessity of living very quietly. I am not exaggerating, when I state that many cases are made hopeless, annually, by too great and too violent exercise. Horseback riding is for the select few only. Long walks and mountain climbing should not be indulged in for the first year, nor afterward without the advice and consent of a good physician. It is not infrequently the case that one meets with persons who are quite weak with pulmonary trouble, and who have been sent to Colorado, and told by their physicians to exercise all that they possibly could, and to do considerable horseback riding. Usually, such cases as follow this advice break down rapidly, either from spreading of lung trouble, or from the occurrence of hæmoptysis. Cases, as a rule, will not find an immediate amelioration of their symptoms on going to Colorado, but, on the contrary, cough and expectoration are frequently increased the first few weeks or months. When I went to Colorado I was firmly impressed with the idea that if I ascended the altitude rapidly, I should probably bring on a pulmonary hemorrhage. I spent about a week traveling from town to

town in Kansas, until I had reached an altitude of about 2,500 feet, when I determined to go to Colorado Springs at once. When I arrived there, I went immediately to bed, and was unable to tell, from my sensations, pulse, temperature, or respirations, that I was so far above sea-level. I learned from the physicians there that a hemorrhage is the exception in persons just reaching Colorado, especially if they keep quiet. I now believe that if the proper precaution is taken, there is no necessity for invalids to ascend the mountains gradually. There certainly would have to be an urgent need to induce me to attempt it again. The great drawback is that there are but few places after beginning the ascent of the Rocky Mountains, where you can be tolerably comfortable before reaching Denver or Colorado Springs. The best time of the year for an invalid to go to Colorado is September. The rainy season is about over, and that portion of the year which is so delightful is just beginning. Patients improve most during the fall and winter months. If they do not lose some during the spring months they are fortunate. Those that are cured by Colorado climate are few in comparison with the many that are benefit and enabled to live comfortably for many years. A small number are able to return East and live, but those who thus venture to do so, and break down the second time, receive much less benefit on again going to Colorado. It should be a rule, from which there ought to be as few exceptions as possible, that when a consumptive patient finds a climate that agrees with him, he should there make his home for the remainder of his life.

In conclusion, let me say something of the advantages and disadvanges of Colorado Springs. It has nearly six thousand inhabitants, numerous churches and schools, good hotels, and a number of first-class boarding houses. There are two parks, and the streets and avenues are wide and shady. The water which supplies the city is the melted snow from the Pike's Peak region, and is as nearly pure as possible, and delightfully cool. It is conveyed several miles through an iron pipe which taps the stream in the mountains above the point of possible contamination from human excrement. A large proportion of the inhabitants are intelligent professional and business men, who have been unable to live East. It is very doubtful whether one could find another place the size of it, in this country, where so much intelligence, ease and comfort exist. A great many there live off the income of capital invested in other sections of the country. It is in many respects like a watering place, and in consequence, is far from being a brisk, lively, business town. It is possible to get nearly all the comforts there that can be obtained in a large city. The disadvantages are very great for those poor invalids who go there hoping to earn their expenses. It costs considerable to live there and fare as well as consumptive invalids should. Table board at the best boarding houses is eight dollars per week. Board and room vary from ten to fifteen dollars per week. It is very difficult for many to get anything to do to aid them in meeting their expenses. These facts should be known by consumptive persons in moderate or needy circumstances, before they make the journey of nearly two thousand miles to regain their health in Colorado Springs.

I have endeavored to make my remarks as practical as possible. I trust that I have succeeded without trying your patience.

ELECTROLYSIS IN URETHRAL STRICTURE.

BY C. A. BRYCE, M. D.,

Of Richmond, Va.

I notice in the MEDICAL AND SURGICAL REPORTER of Philadelphia for September 18 the following *resumé* of Dr. F. O. March's observations in the management of stricture by electrolysis:

RESUMÉ.

1. No appreciable amount of heat is developed in any metallic electrode imbedded in the living tissue. Even if such were the case the cautery could be no more destructive or painful than the molecular rending of the part by electrolytic action.

The choice of metal for needles or electrodes, or the selection of a special galvanic battery, is a matter of indifference, as far as the heat produced in the tissues is concerned.

2. The use of electrolysis for division of urethral stricture is unsuitable, being excessively painful and ineffectual. The passage of deep stricture with a mild current must be due to some other influence—perhaps the continuous pressure of the instrument upon the face of the stricture.

I am sorry that Dr. Marsh's article did not appear in full in the widely-read REPORTER, for then any comments from the advocates of electrolysis would have been uncalled for. As it is, one might infer from the emphatic manner in which his conclusions are stated, that they were reached after close observation and practical demonstrations.

I therefore beg leave to call the attention of your readers to a point or two not appearing in the "resumé."

In Dr. Marsh's report, appearing in the *Lancet-Clinic*, he states that his experience in the treatment of stricture by electrolysis is based upon a trial in *two cases!* We hold that under the most favorable circumstances this is not a *fair trial* of any system. But let us see if these *two cases* were treated in accordance with the recognized principles upon which success depends?

1. The battery used was larger than necessary, and had a tendency to do more harm than good, it being constructed of plates two by four inches in size.

2. His electrodes were peculiarly unfitted for the purpose, one being a wire ring, the other a bistoury!!

Experience has proved that these are not the most suitable electrodes for obtaining successful results. The acorn tip or solid bulb, filling the urethra well and presenting a smooth uniform surface well applied to the tissues to be absorbed, has been productive of the most good.

If Dr. Marsh was seeking to introduce innovations in practice or instruments, he should not lay his failures to approved and successful methods which he did not choose to adopt.

But apart from what we have written above, we now briefly notice the "resumé."

Conclusion No. 1 states that "the cautery could be no more painful or destructive than the molecular rending of the part by electrolytic action."

This we emphatically deny, and can produce hundreds of patients who will bear testimony that an electrolytic application produces *no pain whatever*, and yet does effect perceptible organic changes in the tissues.

Conclusion No. 2 is that "the selection of a special galvanic battery is a matter of indifference as far as the heat produced in the tissues is concerned."

We will not trespass upon your valuable space to explain that the doctor is likewise in error here, also. He must be told that "the selection of a battery" is a very important matter, for a battery with large elements will give a great *quantity current*, and may lack the essentials of *tension*. I would refer him to *Hayne's Elementary Principles of Electro-Therapeutics*, edition —, pp. 98 and 99, or any other standard work on electricity.

Conclusion No. 3 is that "the passage of deep strictures with a mild current must be due to some other influence—perhaps the continuous pressure of the instrument upon the face of the stricture."

We will answer Dr. Marsh's "perhaps" by suggesting an experiment which he or any one may try, and have an optical demonstration of the effects of electrolysis upon tissue. Take a piece of fresh beef, keep it at a temperature of 98° F., place two metallic rods (copper preferable) on the beef; to one connect the negative cord of a galvanic battery of from six to twelve cells, and complete the circuit by sticking into the beef a metallic pin connected with the positive pole of the battery. Now the *weight* of neither of these rods will cause them to sink into or cut down in the beef. But, put the battery in action and await results for fifteen to thirty minutes, and see which has begun to sink down and decompose the tissue. Furthermore, the action of the current, if a proper battery and proper strength has been used, will not be that of a cautery, for the beef in contact with the negative pole will appear as fresh and red as if it had been scooped out with a knife.

THERMO-CAUTERY IN THE TREATMENT OF HERPES.*

BY B. M. RICKETTS, M. D.,

Late House Surgeon to the New York Skin and Cancer Hospital.

In a paper read before the Cincinnati Medical Society, October 12, on the above subject, the author, after a review of the subject in general, reported the following cases:

Case 1. German woman, æt. 61, married, and the mother of three children. Two weeks previous to her visit some inflammation appeared from the median line to the right temple, accompanied by a small itching pustular eruption and swelling, with severe neuralgic pains throughout the affected side. She had suffered pain in the anterior portion of the head for about three months, never having experienced headache before. The scab formed in thirty hours after the pustules expelled their contents, and fell off within thirty or forty hours more.

Case 2. Man, æt. 69; occupation, lawyer. Four years ago he suffered from malarial fever, previous to which he had an abscess upon the right shoulder followed by one upon the left. Ten days before consulting me he suffered from severe pain in the right side. Empl. belladonnæ had but little effect. After removing the plaster the cuticle exfoliated, leaving an irregularly defined patch about five by ten inches, interspersed with pigmented papules. Upon the same side an-

* Abstract of paper.

teriorly appeared a similar patch about five by twelve inches with an elongated papular patch extending down the flexor surface following the course of the ulnar nerve, the surface presenting a crusted appearance. There was slight itching and some burning attended by emaciation and loss of appetite.

As the cause of the herpes zoster seemed to be located in the spinal ganglia of the vertebra within the bounds of the eruption, why not direct our remedial course with reference to it? The ganglia are found firmly adherent to the parietes of the intervertebral canals. The neighboring connective tissue exhibits an inflammatory redness, and the ganglia as a whole are increased in volume. It was upon this theory that the thermo-cautery was applied. This was not done, however, until all other measures, both local and constitutional, had been resorted to. The skin was barely touched with the knives at white heat, done by a circular motion of the hand, the application being limited to the distribution of the affected nerve. This, however, was not done in the beginning of the first case, the patient having been placed upon large doses of the pills, arsenious acid gr. j. et piper nigrum gr. iv. made into twenty pills. This treatment was continued for one week without any appreciable benefit other than that which would naturally have followed. The pain continued, and the sleep was restless. It was controlled by the daily applications of the thermo-cautery.

In the second case its use two or three times daily was followed by the most satisfactory results. The burning and neuralgic pain was relieved. Sleep and appetite were restored. The course of the vesicles was shortened in being dried without laceration of the cuticle. When the pain is severe it may become necessary to apply the cautery every three or four hours. Lanolin or vaseline is perhaps the best preparation for keeping the parts softened over which the cautery has been passed. Starch should be used freely, with a broad soft flannel bandage. This plan of treatment has been but recently introduced, but it seems to offer better results than any other. I am not prepared to give the modus operandi. It may be that the destruction of the vesicles relieves the pain by removing the pressure which is produced by the exudation of serum. It may be due entirely to the local anæsthesia of the peripheral nerves produced by the cautery. Admitting that the lesion is in or about the ganglia, why not attribute our good results in this and many other cases treated by the cautery to some exciting influence upon them? In either case we have a remedy for herpes in any form that is worthy of careful consideration.

Medical Societies.

Chicago Medical Society.

Discussion on Defective Vision and Headache.

Dr. W. Franklin Coleman said that in an examination of the eyes of pupils in Boston, in eighty-nine cases of defective vision fifty-nine were traceable to over-study. Out of this number twenty-five to fifty per cent. of the cases of headache which occurred were relieved by supplying suitable glasses. Another class of cases in which headache occurs is when there is weakness of the recti muscles. By supplying proper prismatic glasses this weakness may be overcome, and the headache disappears. Other factors in producing headache are improper light and too low desks, thus causing the pupil to strain the eyes. So far as artificial light to read by is concerned, the incandescent electric light is probably the best, as it most nearly resembles sunlight, and is free from heat, dust, and flickering.

Dr. F. C. Hotz said he believed the authors of such papers as this often exaggerate the importance of their observations. The result is, patients are often instructed to go to oculists, but do not do so on account of the expense, or for some other reason, and the patient therefore receives no treatment. But he has been surprised to see how few cases of defective vision come to him complaining of headache. He has not found it a prominent symptom. In looking over his record of cases he finds a great many cases of astigmatism, hypermetropia, and ametropia, in which the symptoms complained of are difficulty of vision, but not headache. Children often complain of not being able to see the figures on the blackboard, and consult the oculist for that trouble directly. But if a large number of cases of the eyes of children are examined, it will be found that in youth a normal eye is often far-sighted, and yet such persons are able to do the work required. However, in cases of defective vision, accompanied by headache, the defect of vision should be corrected.

Dr. J. E. Colburn related his personal experience with astigmatism, stating that not only had he headaches, but he could not study well, and these difficulties disappeared with the using of proper glasses.

EDITORIAL DEPARTMENT.

PERISCOPE.

Note on "Cacur" (Cucumis Myriocarpus?), a Kaffir Emetic.

Dr. G. Armstrong Atkinson thus writes in the *Edinburgh Medical Journal* for July:

The extensive use of emetics in the treatment of disease by the Kaffirs of South Africa is well known to all dwellers with or travelers among these races. One of them most frequently employed emetics is a green, or yellowish-green, fruit known as cacur, cacuo, or small bitter apple. A small quantity of this, with some of the leaves and stalks of the plant, was recently given to me by Mr. J. A. B. Bayley, with the statement that the Kaffirs heat the fruit, squirt out the contents into their mouths, and swallow the material thus expelled. In a quarter of an hour, or thereabouts, emesis occurs. Two of the pepoes are so administered in the case of an adult, one in the case of a child. The plant grows largely in gardens as a weed, especially where melons and pumpkins are cultivated. The fruit is caducous, and, as I have mentioned above, is used by the natives when green or yellowish-green. When ripe it is quite yellow. It never spontaneously ruptures as ecballium fruit does. The plant was obviously one of the *Cucur-bitaceæ*, and Professor Oliver, of Kew, pronounced the pepo to be almost certainly the fruit of *Cucumis myriocarpus* (Naudin)—a green annual growing, according to Harvey and Sonder (*Flora Capensis*, ii., 495), on Table Mountain, near Genadenthal (Genadendal), at Buffelfontein, in the districts of Uitenhage and Albany. Mr. Bayley states that the plant from which the specimen he gave me was obtained grows not only where Harvey and Sonder mention, but throughout Cape Colony and the Free States generally. This identical specimen came from the midland province. The plant produces fruit very abundantly—subglobose pepoes, about the size of a large gooseberry, green when unripe, yellow when mature, and beset somewhat sparingly with short soft prickles. Each pepo weighs from 60 to 100 grains, and on section presents three parietal placentæ, with numerous seeds embedded in a soft viscid pulp, which becomes much more fluid when warmed—possibly the object of the heating practiced by the Kaffirs. The pulp has a faint cucumber-like odor, and is decidedly, but not intensely bitter. The rind is soft, and can only be peeled off with considerable difficulty; it, too, is somewhat bitter, but much less so than the pulp. The testa of the seeds, which are exalbuminous, have a feebly bitter taste; the seed otherwise is tasteless. The plant, apart from the pepoes, seems to me inactive.

To test its action, I took, on an empty stomach, 20 grains of the fresh pulp, and in about half an hour felt somewhat nauseated, but was not sick. Four or five hours afterwards I had some griping pains, and two or three hours after this was slightly purged. To a large fasting dog I administered, bruised with water, a pepo weighing 69 grains. No sickness was produced, and the dog seemed generally unaffected. In about eight or nine hours very watery diarrhœa occurred, which lasted for well on to twenty-four hours, the evacuations being bilious looking and containing much mucus. Some days later two pepoes, weighing together 118 grains, were administered in a similar manner, and in twenty minutes very free emesis occurred, the dog vomiting several times, the last vomit containing a little blood. Considerable salivation was also produced at the same time. After the vomiting ceased the animal rapidly returned to its normal condition, and no purgation followed.

From these brief notes it will be seen that the action of the drug is that of an emetic and of a cholagogue purgative; purgative in non-emetic doses, and in doses sufficient to produce emesis causing purgation, if sufficient of the active principle has been retained. Its emetic action is probably local.

As to the chemistry of the plant—I had, unfortunately, not sufficient material to make a satisfactory examination, but so far as I went I could find no trace of any alkaloid, the activity seeming to depend upon a bitter neutral principle, readily soluble in water, or in 80 per cent. alcohol. Professor Dickson has promised to grow the herb in the Botanic Garden, and Mr. Bayley hopes to provide me with a further supply of the fruit next year, so that I may then finish the investigation.

The Alternatives to Craniotomy.

Dr. Robert Barnes thus concludes an article in the *Brit. Med. Jour.*, October 2:

In conclusion, let me submit the following summary of the arguments set forth:

1. The legitimate aspiration and tendency of science is to eliminate craniotomy on the living and viable child from obstetric practice.

2. The advance of hygienic rule, the improvements in the forceps, in turning, in the induction of labor, and in obstetrics generally, have materially curtailed the field within which craniotomy can be justifiable.

3. In the most extreme degrees of pelvic distortion, where delivery *per vias naturales* can only be effected with doubtful success to the mother, Porro's operation is the legitimate alternative for craniotomy, it being understood that the opportunity of inducing abortion has gone by.

4. In less advanced degrees of pelvic contraction, but still incompatible with the delivery of a living child *per vias naturales*, the opportunity of inducing abortion having gone by, but in which craniotomy would effect delivery with strong presumption of safety to the mother, the Cæsarian section may be a proper alternative for craniotomy. This is the most debatable point.

5. In the minor degrees of contraction, say from three inches to three and a half or three and three-quarters inches, the opportunity of inducing labor having gone by, the far greater safety to the mother obtained by craniotomy, and the prospect of living children in future pregnancies by inducing labor, make craniotomy the proper course to adopt.

6. In other emergencies than deformity, as in obstructed labor from ovarian tumors, the alternative to craniotomy is to remove the tumor.

7. In cases of immovable tumors, Porro's operation is the proper alternative.

8. In rupture of the uterus, the child being delivered or not, Porro's operation is the proper alternative. There the interests of mother and child coincide.

9. In cases of disease or tumors of the uterus obstructing delivery, Porro's operation is the proper alternative.

10. In atresia of the cervix or vagina, Cæsarian section or craniotomy may be necessary; but incisions and gradual dilatation will more frequently be the proper alternatives.

11. When obstruction is due to hydrocephalus or dropsy in the child, embryotomy or tapping is indicated. When the child is dead, embryotomy is indicated, and decollation when the child is impacted, and turning is hazardous.

12. In convulsions and hemorrhages, the proper alternatives for craniotomy are found in the more scientific methods of conducting labor under these complications.

Lastly, the dream of Tyler Smith, the abolition of craniotomy, will be fully realized only when hygiene shall have triumphed over disease and deformity.

Hysterical Apoplexy.

Hysterical apoplexy is a complaint which has hitherto apparently been overlooked. Nevertheless, cases are by no means of rare occurrence. At a recent meeting of the Société Médicale des Hôpitaux, M. Debove communicated the following facts. On July 10th, a healthy man, aged 31, suddenly became insensible as he was leaving the dinner table; he remained in a comatose condition for twelve hours. On recovery, he presented motor paralysis of the left side; there was an absence of convulsions. The following morning, when he appeared at the hospital, there was motor paralysis on the left side, accompanied by hemi-anæsthesia. All the symptoms of the case established the diagnosis of ordinary apoplexy. M. Debove believed it to be hysterical. The patient was certainly strong and robust, and not of hysterical aspect. Nevertheless, on the left side the skin, mucous membranes, ear, and muscles, were insensible. The pupil was contracted; the patient was unable to detect violet, and had monocular polyopia. On applying a magnet, anæsthesia shifted from the left side to the right. On repeating the experiment, the left side became anæsthetized, and the right side presented its normal sensibility. When there was absence of organic lesion, motor paralysis was generally coëxistent with sensor paralysis of the region attacked. Professor Charcot admitted two varieties of anæsthesia—one hysterical, the other organic; the latter was rare. M. Debove's view was supported by a paper by M. Vulpian, which had appeared in a medical journal. The patient referred to in it presented hemi-anæsthesia, preceded by sudden loss of consciousness; these and other symptoms had led M. Vulpian to localize the cerebral lesion. At the necropsy, the two cerebral hemispheres were completely normal. M. Debove, in consideration of certain phenomena exhibited by the patient, affirmed that the case was nervous apoplexy. Notwithstanding the ætiological objection to the word hysteria, the disease might be called hysterical apoplexy, as it was a term under which was included a certain class of symptoms similar in kind. Hysterical apoplexy with anæsthesia was not astonishing. M. Debove reminded the meeting that, quite recently, in some cases of anæsthesia from

alcoholic intoxication, or saturnine or mercurial poisoning, the anæsthetic condition was connected with hysteria, and the anæsthesia was rather symptomatic than toxic.

Forcible Avulsion of a Finger.

M. Auché communicates to a Bordeaux medical society an account of a case of the rare accident of the complete avulsion of a finger. The patient was a carpenter, who, while engaged in lowering a heavy piece of timber by means of pulleys, got his finger caught between the rope and the block. By means of a sudden and violent effort he disengaged his hand, but left his third finger attached to the pulley. He felt but little pain, and there was no hemorrhage. When seen by the writer some hours afterwards the wound was found to be tolerably regular, the skin-flap representing pretty closely the ordinary oval or "battledore-shaped" incision employed in amputating the fingers. From the centre of the wound the proximal fragment of the first phalanx projected. Disarticulation was then performed, and the wound, the edges of which could not be brought together, was left open and dressed with iodoform. The finger was afterwards examined. The skin was normal on the two distal phalanges, but excoriated in several places on the first phalanx, showing that this was where the finger had been caught. The external digital artery and all the nerves had been divided at the level of the wound, the internal artery having been divided higher up and its end hanging out nearly an inch beyond the torn surface of the finger. The phalanx was fractured at the junction of the distal and the middle thirds, transversely but irregularly. The tendons were all left attached to the finger, those of the two flexors and extensors having been torn at their junctions with the muscular tissue, and hanging out for several inches from the torn surface of the finger. The writer states that forty-two cases of avulsion of fingers have been previously collected by M. Polaillon. In none of them, however, was the severance complete. M. Farabœuf has demonstrated that a force of 150 kilogrammes (about three cwt.) is required to effect separation subsequently to fracture of the bone, and even then several sharp wrenches are needed, during which, of course, the traction is very much greater than 150 kilogrammes. In this case the pressure of the rope on the finger against the groove of the pulley seems to have fractured the bone, and the sudden wrench given by the patient must have sufficed to tear the soft structures across.

Case of Strangulated Hernia Treated by Puncture.

Dr. James Brydon thus writes in the *Brit. Med. Jour.*:

S. M., aged 63, a thin, flabby, white-faced, average-sized man, had always enjoyed tolerably good health, with the exception of a hernia, which had troubled him for several years. Latterly it had been coming down more frequently, increasing in size, and becoming more difficult to reduce.

On August 7th, he was seized with a sharp attack of diarrhœa. Next morning, about 8 o'clock, while straining at stool, the hernia suddenly appeared in the left scrotum. All the means of reduction, which formerly had been successful, were tried, but failed. I saw him about 11 o'clock. The tumor was red and glistening, and reached halfway down to the knee. Symptoms of strangulation were well marked. The ordinary manipulation was used, but to no purpose; indeed, it was not long continued, as it gave rise to intense pain. Morphine was injected below the skin, enemata were given, and bags of ice applied. After two hours, the symptoms continuing unabated, taxis, under choloform, was again tried, but with no better result. As a large part of the tumor was tympanitic, evidently consisting of intestine distended with flatus, it occurred to me that, were this removed, reduction would be facilitated. I accordingly introduced a small trocar and cannula, and freed a large quantity of flatus. The hernia was reduced to a third of its original size, and its contents were without the slightest difficulty returned into the abdominal cavity. The patient shortly fell asleep, and slept for several hours. Next day he was comparatively well, was kept still, and fed on milk-diet. The bowels opened naturally that night; and on the third day he was out of bed, and going about the house. His recovery has been uninterrupted.

Whether this method of treatment has been used before or not, I do not know; but at any rate, in this case it was eminently successful.

Black Tongue.

Dr. J. R. Stocker thus writes in a foreign exchange:

Cases of black tongue being of rare occurrence, it may be as well to record them, and I therefore forward a short account of one

that has lately fallen under my notice, which closely agrees with the very able and accurate description given by Mr. Butlin, in his work on *Diseases of the Tongue.*

It occurred in the person of a friend, who is a nautical officer, aged 47, a widower with one child. His general health was good, but when first he noticed the condition, he had been suffering for some two or three weeks from a "lawn-tennis" strain (and bruise) of the calf of the leg. On June 16th or 17th last, he accidentally discovered on the dorsum of the tongue, and centrally situated, a large, dark patch, the size of half-a-crown; his attention being probably attracted thereto by abnormal sensation (metallic taste). The size of the patch gradually increased. He showed it to several medical men, only one of whom, he says, a ship-surgeon, seemed to take any practical interest in it; and he suggested the use of sulphurous acid as a wash. His own medical attendant, whom he saw incidentally the same evening, recommended him to use boracic acid. He tried first one and then the other, and says the latter appeared to be the most effectual, though he is somewhat doubtful as to the efficacy of either; he also used a whalebone scraper of a morning, and found that by this means, and by sponging it with the boracic acid, he could separate small shreds.

The color toned down from black to brown, from the centre to the sides, and about the first week in August (that is, in about two months) it gradually disappeared. The expression used by Raynaud (op. cit). of its resemblance to "a field of corn laid down by wind and rain," quite took his fancy. The tongue is still coated (September 16th), but the color is gone.

Since the loss of his wife, about a year ago, this gentleman has been much dispirited, and has lately had recourse to chloroform to obtain sleep.

Preliminary Notes on the Study of Malarial Blood.

Dr. William T. Councilman, of Baltimore, thus writes in the *Maryland Med. Jour.:*

Owing to the great number of malarial cases which have been received at Bay View during the last month, an unusually good opportunity has been afforded for the study of the blood, having regard to the recent interesting discoveries which have been made in this territory of research. Examinations of the blood, both fresh and when dried, have been made. So far both the bodies of Laveran and those described by Marchiafava and Celli have been found, but in a different class of cases. One case especially seemed to be of great importance. A man was received into the hospital from one of the Eastern Shore counties, apparently suffering with malaria, temperature 105°. He was at once given ten grains of quinine, with the result of an abatement of fever. An examination of his blood showed a great number of hyaline crescentic-shaped bodies with a mass of pigment in the centre. The quinine was stopped and the man continuad to improve under placebo treatment. Daily examinations of the blood were made and the crescents constantly found. On three occasions motile pigmented bodies were found. In order to study the effect of quinine, forty grains were given in two days with apparently no results on the condition of the blood. The motile bodies found were similar to those described by Laveran, though somewhat smaller. In one case of comatose malarial fever, in which death took place one hour after admission into the hospital, the diagnosis was made by an examination of the blood immediately after death. In this case the non-motile hyaline bodies were found. Other forms than the plasmodia were found in five cases, all of them representing the severer forms of the disease, with the exception of the one case mentioned, and this was the only one in which the crescents were found. The plasmodia described by Marchiafava and Celli are constantly found during the chill, and in some cases in the interval. It is difficult to understand how all these various forms should represent different phases in the development of one and the same organism.

Morphomania in France.

M. le Prof. Ball, the celebrated alienist of St. Anne, dedicated a special article in the *Journal de Medecine* to Morphomania, which is, according to him, rapidly assuming great proportions in France, especially amongst the gentler sex. The symptoms are very characteristic, but often the patient tries to put the medical attendant off the scent, and then some difficulty in the diagnosis is experienced; but if a close observation is made, something unnatural in the conduct of the person will arouse suspicion. For instance, if he is in a meeting his face will become changed and downcast, and he takes no longer interest in what is passing around him; but if he gets an opportunity of absenting himself a few minutes he will return quite bright as before; for in that short

interval he has given himself an injection. However there are two sure signs which will betray the patient, no matter how he may try to conceal his habit, and those are to be found in the skin and the urine. The skin will be found to be covered with little dark spots situated in the centre of little indurations about the size of a large shot. It is needless to add that these indurations are the result of the little wound of the needle, but as these lesions are generally found on the inside of the thighs, the patient refuses to let them be seen, and in that case examination of the urine will prove of great service. A few drops of tincture of iron are put into the suspected liquid, and if morphia be presented a blue tinge will be produced. The prognosis of morphomania[1] is not as fatal as is generally supposed, but there is a danger from the fact that the dose has to be continually increased, and in the end the cachexia becomes so pronounced that the patient falls an easy prey to tuberculosis. As to the treatment, M. Ball recommends a *brusque* suppression of the drug, provided the patient can be well watched, but in private practice he thought that it would be found necessary to proceed gradually. Preparations of belladonna might be employed to calm the irritation, or cocaine, but this latter remedy might prove to be as bad as the evil it was given to cure.

Excision of a Cerebral Tumor.

We have the pleasure of recording that another case of excision of a cerebral tumor has terminated successfully. The patient was a man who had been absolutely hemiplegic for a month, and had passed into a semi-comatose condition; before these symptoms developed, he had endured terrible pain in the head, and had suffered from fits. On Thursday, September 23d, Mr. Victor Horsley, of London, trephined over the motor region of the right hemisphere, and, after enlarging the aperture made by the trephine, succeeded in removing a large tumor from the brain; the tumor weighed four and a half ounces, was three inches long, two and a half inches broad, and two inches deep. On the day after the operation the patient was perfectly rational, and even amusing in his conversation, and said that he was quite free from pain. On September 27th, the wound was entirely healed, and the man had recovered some power in his leg. This is the fourth case in which Mr. Horsley has operated successfully on the motor area of the cortex of the brain. His results constitute a real triumph for scientific surgery. Not only have the facts upon which the diagnosis of the seat of the lesion in these cases rests been discovered by experiments on lower animals, but the details of treatment have also been worked out in the course of these experiments. The complete success of the surgical method followed is demonstrated by the fact that, in two of the cases, the wound healed in four days; that, in a third, it had healed in a week; and that, in the case which was in this respect the least successful, the whole of the wound, with the exception of one-sixth, healed by first intention. A more complete proof of the validity of well directed experiments on animals it would be difficult to imagine; and it is no wonder that the professional agitators, who are beginning to find their supposed grounds of objection one by one swept away, pursue Mr. Horsley with a bitterness which increases as it becomes less reasonable.

Phimosis with Exaggerated Symptoms.

Dr. T. M. Holmes thus writes in the *Atlanta M. and S. Journal:*

Some months ago I was called to see a mulatto boy about five years of age, who had been suffering for several days from profuse diarrhœal discharges and frequent micturition. He was very much reduced in flesh; his features were pinched, and his skin was dry and harsh. His eyes were of a smoky hue, and he was almost blind. He also had a papular eruption from the crown of his head to the soles of his feet, with a serous discharge not unlike that of eczema. There was more or less pain in the region of the bladder all the while, which was greatly intensified by the accumulation of a small amount of urine in this viscus. When this occurred he would run the floor, compressing his abdomen with his hands, and cry in such a manner as to enlist the sympathy of all lookers-on. He had been losing his vision for several weeks and growing very nervous.

What could be the exciting cause of this amaurosis, this diseased skin and nervous phenomena? I sought to discover it, which resulted in finding an almost complete phimosis and partially closed meatus.

The diarrhœa was successfully treated, but with no abatement of the other symptoms. It was evident to my mind that the patient was suffering from a severe nervous irritability, the result of the phimosis, and a slow urœmic poisoning, the solid constituents of the urine having been re-absorbed from the retained urine in the bladder. I first sought

to relieve the patient by dilatation, which failed to give the necessary relief on account of the condition of the meatus. I therefore performed circumcision, with the assistance of Mr. George Glover. The result was a complete relief and a disappearance of all the above symptoms. The boy is now in fine health.

A Disease which Followed Vaccinations at Rugen in the Summer of 1885.

Eichstedt (*Berliner Klin. Wochensch.*), reports on a contagious skin affection which was caused by vaccination at Rügen in 1885. The vaccinator had obtained from Stettin lymph from a healthy child. To this lymph, thymol and glycerine were added, and with this diluted lymph the first seventy-nine vaccinations were made, out of which seventy-six persons became infected with this disease. From these, further infections took place until a total of 320 persons were affected in the same way. Between the eleventh and fourteenth days after successful vaccination, small and rapidly enlarging vesicles formed in the neighborhood of the vaccination-punctures. The contents quickly formed crusts, which, in from two to four weeks, left a deep red non-desquamating spot, which disappeared in a few weeks. There was only slight fever, and little itching or pain. Soon after the appearance of the vesicles a further eruption took place on the back, hands, face, neck and ears of the patients. On the trunk, they occurred particularly on the loins and hips, and on the extensor surface of the legs and arms, and on the back of the feet. Very few came on the flexor surfaces. There were slight glandular swellings. The whole course of the eruption extended over from four to six weeks. When there were relapses, the disease lasted several months without injuring the constitution. The disease was undoubtedly infectious, the contagium being a fixed body, as it only spread by contact. Children were more exposed to infection than grown-up people, in whom also the symptoms were slighter. The author considers the disease to have been impetigo contagiosa. He found no fungus, and considers that the contagium must have been present in the glycerine which was added to the lymph.

Granuloma Fungoides.

An account of a case of the rare affection, Granuloma fungoides, has been published by Drs. Carl Hochsinger and Eduard Schiff of Vienna. Their paper also appeared in the *Vierteljahreschrift für Dermatologie*, No. 3, 1886, but the authors were not enabled to revise it, and they have therefore felt bound to issue it in a separate form. It will be read with interest here in connection with the remarkable case described by Dr. Payne last session at the Pathological Society. The disease began in 1877 as a chronic eczema of the back, which gradually spread over the body. In 1883 the head was attacked, and soon became the seat of the characteristic ulcerating nodules. The patient, a female, died in November, 1885. The authors give a historical sketch of the affection, and describe its histology as a nodular formation of granulation tissue replacing the normal tissue of the cutis and the papillary body. A delicate reticulum supports the round cells, and in no part are any giant-cells detected. The transition to healthy skin is gradual. The new growth is not very vascular, and as it spreads it rapidly destroys the cutaneous capillaries. Described previously under such names as *lymphadenie cutanée*, "sarcomatosis generalis," its alliance with specific inflammatory formations has been proved by the discovery of micro-organisms in the tissue; so that Rindfleisch gave it the name of Mycosis fungoides. Hochsinger and Schiff in the present case ascertained the presence of streptococci in the vessels, leading to the obliteration of the latter; and they instituted a series of culture-experiments, which are described in their paper, and which prove that the micro-organism is distinct from the pyogenic forms.

The Teutonic Complexion.

Professor Virchow has recently turned his attention to the color of the hair, eyes, and skin among the school children in Germany, and has prepared some interesting tables relating to the subject. The territorial division of the principal types corresponds accurately to the geographical boundaries of north, south, and middle Germany—over 43 per cent. of the pure blondes being found in the northern districts, over 32 per cent. in the middle, and over 24 per cent. in the southern ones. The river Main thus becomes an anthropological line of significance. In general, the further south one goes, the more brunettes one meets, South Bavaria mustering but 14 per cent. blondes. Among the 75,376 Hebrew children, the mixed type also predominates; the pure brunettes outnumbering the pure blondes, however, three-fold; whereas the relation of the blondes to the brunettes among the Christians is 31.8 to 14,

that among the Jewish children is as 11.29 to 42. The grey-eyed and dark-haired predominate in the mixed type, The racial significance of complexion is a matter of high interest to all who love science; but there remain questions in relation to the color of the hair and skin which may prove to be of physiological or even pathological import. The tow-like hair, with its peculiar tawny yellow tint, often seen in the inhabitants of the northern Scottish islands, and in other parts of the United Kingdom where peasants walk bareheaded, is well known to tourists, and is clearly the result of the action of the air, sun, and damp. Amidst the sickly offspring of the inhabitants of large towns, extreme darkness of the hair and iris, with a clear rosy complexion, is frequently observed. It probably represents a pigmentation due to some special form of anæmia.

Varix of Labium: Rupture During Labor.

Dr. Ambrose Atkinson thus writes in an English exchange:

A little time ago I attended a Mrs. F., aged 39, in her eighth confinement. Labor commenced about eight o'clock in the evening, though she had been ailing for over twenty-four hours. On examination, a breech was made out. After a short time, it came well down into the pelvis, and, when it was near the outlet, the right labium began to swell. Delivery was easily effected, and whilst the child was being separated, the patient was seized with another very strong pain. On examination, made with difficulty, a second bag of membranes could be felt. The tumor, however, steadily increased to an alarming size. Another pain coming on, the tumor suddenly burst on its inner side, deluging the bed. Not caring to take the whole responsibility of the case, I sent for Mr. Holmes, of Burmantofts, requesting him to bring his forceps. In the meantime, as hemorrhage was freely going on, I made a firm pad of a napkin, and held it to the parts, so as to effectually stop the bleeding. On Mr. Holmes's arrival, he put the short forceps on the second head. The child was suddenly expelled, the injured part, at the same time, being firmly compressed. The placenta was easily disposed of. On examing the damage, it was found that the inner side of the labium was so torn that four fingers could be passed into the opening, which led to a cavity sufficiently large to hold the whole hand. The bleeding had now abated; the cavity was, therefore, filled with strips of lint, and iodoform was well dusted on. Pressure being applied by means of a firm spica bandage, the patient was left for the night, opium being given. The following morning the plugs were removed; very little bleeding occurred. The vagina was syringed out with a solution of perchloride of mercury (1 in 3,000); an iodoform suppository was placed well up into the vagina, and the wound was dusted with iodoform; this was done twice daily for a week. The patient made a very good recovery. A piece of vein, about three-fourths of an inch long, which lay across the wound, sloughed off about the fifth day, a little bleeding taking place. On questioning the patient about the veins, she told me, after all was over, that she had had a lump there for some time, which became larger towards night, but she did not think it worth while to tell me. Supposing I had known about it before delivery, could anything have been done to prevent rupture?

Phthisis in Denmark.

Dr. Lehmann has contributed this year some important statistics on the subject of phthisis in Denmark. He examined the death-rates in the Danish towns from 1876 to 1883. He divides the deaths from phthisis into three classes: First, those during the development age to twenty; second, those during the vigorous years, from twenty to fifty-five; third, those during the later years, from fifty-five to old age. He shows that the mortality from phthisis is, in the smaller towns, one-fifth less than in Copenhagen, which contains a population of 300,000; in the capital, too, mortality amongst men is greater than that amongst women; whilst, in the smaller towns, the mortality of the sexes is almost equal. Phthisis has a slower course also in smaller towns than in Copenhagen. Up to the age of twenty, more women than men die of it; after that, more men than women. With regard to the geographical distribution of phthisis, the mortality in Jutland is 2.6 per 1,000 living. It is about the same in Seeland, but only 1.55 in the Southern Islands. The greater immunity of these islands was demonstrated by the recruiting returns of 1875–1884, during which period 9.4, out of every thousand men taken from Jutland, were rejected on account of phthisis; whilst only 3.74 of those from the Southern Islauds were declared unfit. The mortality from phthisis is greatest in those towns of Jutland which lie in the inland or coldest parts of the country, and rarest on the coast, which is warmer, and in towns situated in the neighborhood. With regard to the country districts, Dr. Lehmann has had to place his dependence on the

accounts of private medical men, hence the materials are not equal to those furnished by the hospitals. All accounts agree, however, in stating that phthisis is on the increase, as well as chlorosis, cardialgia, and scrophulosis. It appears, also, that tuberculosis of cattle is on the increase.

A Strange Case of Strangulated Hernia.

Dr. L. Ladmirault thus writes in the *New Orleans M. and S. Jour.*:

On the 15th of May, 1859, I was called to an African negro, aged about 66 or 67 years, suffering from a strangulated hernia of four days' duration. As he was in the habit of reducing the hernia himself, he had remained that long without asking for help. Stercoraceous vomiting, hiccough, the weakness of the pulse and coldness of the body, seemed to indicate approaching death. At the request of his master I began the operation, assisted by him and an intelligent neighbor who administered the chloroform. The hernia measured ten inches by five. After incising the tissues and opening the sac, a loop of the small intestines about fifteen inches in length was exposed, distended only by the accumulation of gases, of a dark color, nearly gangrenous. The inguinal ring, although very large, admitted with difficulty the probe-pointed bistoury. An incision was made directly upward at the internal portion of the ring, so that the finger could be introduced into the ring, but reduction was still impossible. Drawing the intestines further out, I discovered that back of the inguinal ring the bowel was twisted twice on itself as a sausage. By untwisting it and driving up the gases in the rest of the intestines, the hernia was so diminished in size that it was returned without difficulty. Reduction took place immediately. Cicatrization was rapid; and the patient was soon able to return to his work, wearing a truss.

Depressing Effects of Antipyrin.

Dr. Edwin Fairland thus writes in the *Brit. Med. Jour.*:

This drug has recently been administered in several cases of high temperature occurring in the station hospital at Peshawur. Some of these cases were suffering from enteric fever, others from remittent fever. The temperatures ranged as high as 105°. The administration of the antipyrin usually, not invariably, was followed by a steady decline in temperature to the normal point; but the intermission rarely lasted more than from twelve to twenty-four hours. The drug had no permanent influence in reducing temperature, or modifying the *materies morbi*. But in one case more serious results occurred. A dose of thirty grains of antipyrin was administered to a case of enteric fever, thirty-three days in hospital, and slowly recovering. All acute symptoms had subsided, but the evening temperature remained high—104°.

In about four hours after the medicine was taken, the temperature fell at once to 95°, and this was accompanied by the most alarming collapse, sighing respiration, cold extremities, clammy surface, and feeble pulse. In a few hours, under stimulants, these depressing symptoms disappeared; and at 6 a. m. the temperature was again at 104°. The drug was not tried again in this case; and my recent experience has led me to look with a little suspicion on so uncertain a remedy.

Urethan in Mental and Nervous Diseases.

Drs. Otto and Kœnig (*Centralblatt für Nerven Heilkunde*) have studied the action of urethan in a large number of insane patients of different sorts. In some forms of paralysis, four to eight grammes were given, but in a condition of strong excitement, the action was doubtful. They found it useful in doses of from two to four grammes for epileptic patients where there was a condition of no great depression; larger doses were not found advisable on account of the unpleasant effects on the stomach. Urethan did good service in excited conditions of idiotic children; in the paralysis of men, with slight excitement, small doses from three to four grammes were found to be useful; in severer cases, it was very untrustworthy even in doses of ten to twelve grammes. Kraepelin has given urethan as a hypnotic especially in mental diseases, and only in doses of one to three grammes (fifteen to forty-five grains). He never observed any unpleasant effects. Sleep occurred ten to fifteen minutes after swallowing the drug, and continued for several hours. He did not use it in cases of strong excitement. Kraepelin found that, in 60 per cent. of paralytic cases, urethan acted favorably. It was also serviceable in melancholia, and in cases of great mental anxiety; as much as 77 per cent, of these cases were benefited by it. Rothenbiller found that urethan in doses of two to four grammes gave several hours' sleep to patients with slight excitement. He also used subcutaneous injections of a quarter of a gramme (nearly four grains). One to three injections insured six to eight hours' sleep.

Prophylaxis of Phthisis.

At the recent meeting of the British Medical Association, Mr. G. W. Hambleton read a paper entitled "The Scientific Prevention of Consumption," based upon his views as to the etiology of the disease, which are embraced in the sentence, "Those conditions that reduce the breathing surface of the lungs below a certain point in proportion to the rest of the body." The conditions in question are, as may be expected, very numerous, comprising sedentary occupations, overcrowding, want of exercise, defective seats, clothing, etc., leading to habitual disease of the lungs or the undue compression of the chest. In fact, consumption is, on Mr. Hambleton's doctrine, invariably "acquired." Its prophylaxis, then, requires a free country life, well-ventilated rooms, suitable chairs, and clothing free from constriction, and not too heavy. The physical training, commenced in the nursery, should aim at the full development of the thorax, and all out-door occupations and amusements should be encouraged in youth to this end. Unless the breathing capacity, as shown by measurement, is up to the normal, the individual should not engage in any trade or occupation such as would compress the chest or injure the lungs by inhalation of dust; whilst those who have to follow such pursuits should by exercise of the lungs endeavor to counteract their evil effects. All of which advice, without being novel, is sound and forcible; whilst if it could be followed as widely as Dr. Hambleton would wish, it would doubtless do even more for the public health than reduce the mortality from consumption.

Yellow Fever: its Transmission by the Culex Mosquito.

Dr. Charles Finlay, of Havana, maintains, in an article which appears in the October issue of the *American Journal of the Medical Sciences*, that yellow fever is not spontaneously transmissible by infection through the air by contact, but that it may be artificially communicated by inoculation, and only becomes epidemic when such inoculations can be verified by some external natural agent, such as the mosquito.

The history and etiology of yellow fever exclude from our consideration as possible agents of transmission other blood-sucking insects, such as fleas, etc., the habits and geographical distribution of which in no wise agree with the course of that disease; whereas, a careful study of the habits and natural history of the mosquito shows a remarkable agreement with the circumstances that favor or impede the transmission of yellow fever. So far as Dr. Finlay's information goes, this disease appears incapable of propagation wherever tropical mosquitos do not or are not likely to exist, ceasing to be epidemic at the same limits of temperature and altitude which are incompatible with the functional activity of those insects; while, on the other hand, it spreads rapidly wherever they abound. From these considerations, taken in connection with his successful attempts in producing experimental yellow fever by means of the mosquito's sting, it is to be inferred that these insects are the habitual agents of its transmission. It cannot be denied, however, that other such agents may and probably do occasionally occur, but not being endowed with the same facilities for rapid and extensive operation, their influence becomes insignificant as compared with the action of the Cuban culex.

Removal of the Ovaries for Persistent Neuralgia.

At the Société de Chirurgie M. Terrillon related the case of a patient from whom he extracted both ovaries and both fallopian ligaments for persistent neuralgia two months ago, The woman has since been perfectly free from pain. M. Verneuil cited a similar case, but with only temporary relief. M. Reclus expressed himself delighted with the result of the case of his colleagues. M. Terrillon said that under similar circumstances he would not hesitate to follow his example. M. Lucas explained his treatment of peri-articular fractures, which consisted in massage, and the result obtained was very satisfactory, especially in cases of fracture of the fibula. Another member thought that massage was in certain cases difficult, and might be advantageously replaced by Esmarch's bandage. M. Trelat considered that massage did, by no means, answer all the requirements in the treatment of fractures. It was forgotten, perhaps, that a fracture meant, in most instances, separation of the bones, and the chief aim of the surgeon was to reunite them, massage, for instances in fracture of the rotula, might prevent atrophy of the muscles, but would not keep in position the fragments. M. Lucas, in replying, cited a characteristic case of fracture of the radius, which was treated exclusively by massage, and movements were restored to the arm in eight days.

Fatty Placenta Causing Abortive Hemorrhage—Treatment.

Dr. W. J. Strother thus writes in the *Virginia Med. Mo.:*

Mrs. H., aged thirty years, married seven years, has had six to seven miscarriages, generally happening from three to five months, beginning about the second month with hemorrhage, which returned every few days until fœtus was expelled. She had a miscarriage about fifteen months ago, at which I attended. Remembering a case (as reported in a medical journal), of miscarriage being due to fatty placenta, and that muriated tincture of iron and chlorate of potash had been used successfully in the succeeding pregnancy, I examined the placenta and found it almost a mass of fat. At the beginning of her next pregnancy I gave the following mixture almost daily until she was delivered of a healthy male child at full term, and she had only a slight show of hemorrhage, which was about the third month:

℞. Tr. ferri chl.,	℥ iij.
Potass chlor.,	℥iij.
Glycerini,	℥j.
Aquæ,	℥v.

M. S.—Teaspoonful *ter die.*

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——A pamphlet of 52 pages entitled *Des Cataractes et de Leurs Operations*, by Dr. Galewzowski, appears from the office of the *Progres Medical*, Paris. Price 30 cents. It is a neat clinical exposition of the subject.

——A pamphlet of 55 pages, by Dr. Charles W. Dulles, reprinted from the *Transactions* of the College of Physicians of Philadelphia, describes the mechanism of fracture of the skull. A number of illustrations are appended to the text, and various cases are described. For sale by P. Blakiston, Son & Co., Philadelphia.

BOOK NOTICES.

The Science and Practice of Surgery. By Frederick James Gant, F. R. C. S., etc. Third edition, revised and much enlarged throughout, with 1090 illustrations. In two volumes. Pp. 1089 and 1183. Half Russia, marbled sides and edges. Price (by express prepaid), $12. London, 1886. For sale at Philadelphia by D. G. Brinton.

The previous editions of "Gant's Surgery" have met with a highly favorable reception in India, England, America, and, in short, wherever the English language is read. Encouraged by this, the author has given to the present edition a great deal of time and labor in order to make it representative of the most recent advances in surgical science, both in general departments and in those usually considered as specialties. In the latter, he has received the able assistance of some of the most distinguished specialists of the British metropolis. Thus, Dr. Morell Mackenzie contributes the chapter on Diseases of the Throat and Larynx; Dr. Robert Barnes that on Diseases of the Female Genital Organs; Mr. Henry Power that on Diseases of the Eye, etc.

Of the special branches discussed in this manner we may mention, besides the above, a very interesting chapter on "Bacteria in Surgery," and the value of antiseptics in operations, by that eminent authority on this branch, Mr. Watson Cheyne, of King's College Hospital; a discussion of the latest methods of Treating Cleft Palate, by Mr. William Rose; Dental Surgery, and Diseases and Injuries of the Jaws, largely written by Mr. Tomes; an excellent chapter on Diseases of the Skin; and a special feature of the work is the thorough presentation of diseases of the genito-urinary organs, specific and in relation to cystotomy, vesical tumors, and lithotomy. Abdominal operations for the cure of otherwise incurable diseases of the viscera, constitute two entirely new chapters in this edition, and this important subject for the first time receives the prominence it merits in a text-book of this science. Careful attention has been given to explaining the application of new and improved apparatus, and several new and important surgical operations are fully described both with regard to their design and performance.

The exhaustive character of the revision and editing of this new edition may be judged by the facts that over two hundred special engravings have been added, and about four hundred and fifty pages of reading matter. In its present form the work may be regarded as both the most recent, the most comprehensive, and the most authoritative presentation of the science and art of surgery in our language.

The present is the original English edition, on superior paper, admirably printed, substantially bound, and supplied with the most complete indexes.

THE

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BE CAREFUL ABOUT YOUR DIAGNOSIS.

There is a case incubating in this state about which we will have more to say if it reaches maturity, that possesses very peculiar interest for physicians. It seems that a young lady sojourning at a summer resort was taken ill, and it was the opinion of the resident physician of the hotel and of the patient's brother, himself a reputable practicing physician of this city, that she had typhoid fever. They discovered what they considered to be sanitary defects about the premises, and they notified the State Board of Health, when an inspector was sent to the premises. Anticipating his coming, some of the defects were remedied, but in his report he makes it clear that when he visited the premises there were still several matters not as a wise sanitarian would ordain.

But the portion of his report with which we have especially to deal is the fact that, for some reason, he makes strenuous efforts to prove that the case was not one of typhoid fever. He never saw the patient, and based his doubt of the correctness of the diagnosis of two reputable physicians on the temperature record, which is universally conceded to be a very variable and uncertain factor in the diagnosis of this disease. Upon the strength of his doubting report, it is stated by another physician that the diagnosis of the original attending physicians was a mistake, and that the case was not typhoid. Now comes the important point. Because of the denial of the correctness of the diagnosis, the owners of this resort have threatened to bring suit against the two regular, reputable physicians in good standing, for the damages sustained on account of their verdict that a case of typhoid fever was contracted on their premises.

The importance of this case to the universal profession cannot be over-estimated. If such a suit were maintained, it would mean that a physician would never be safe in expressing his opinion that a patient was suffering from an infectious disease. Remember that one of the physicians who made the diagnosis was the resident physician of the hotel wherein the case occurred, so that there was every inducement to hush the matter up; but also remember that he was a reputable physician, and that his sense of duty was superior to his sense of self-interest. We call attention to this case because we think it well that the whole profession should be familiar with the danger that may at any time threaten any one of them, and also to say to those who contemplate this suit that they had better "look before

they leap," for in bringing a suit that will serve to establish a principle of such vital importance to the profession, they would find arrayed as defendants not only the two physicians whose diagnosis has been questioned, but every reputable one of the eighty thousand physicians of the United States. These two physicians would be entitled to and would receive the hearty support of their brethren throughout the length and breadth of the land. The principle is a vital one, and we will fight for it.

REPORT YOUR CASES.

The gradual additions to human knowledge that have been made year by year for centuries past stand now collated as the sum total of information of the people of the nineteenth century. That which was worthy, that which was calculated to redound to the benefit of the human race, has been preserved and put into permanent shape, accessible to all; that which was worthless has been forgotten. As with general, so with medical knowledge. It is the aggregation of individual experiences, sifted, sorted, reasoned upon, and elaborated, that make up the sum of our knowledge of to-day. No case is too trivial to be instructive to the thoughtful and observant physician. In every case such a man will find something to ponder upon, and having so pondered, he should give the benefit of his reflections to his brethren.

The experiences and reflections of the *practical* man should be recorded in the medical periodicals. Then comes along the literary man, who gathers about him this mass of valuable information, sorts the chaff from the wheat, arranges, brings all this knowledge into order, and the valuable textbook is the result.

The majority of men seem afraid of the pen. There is scarcely a physician who will not readily sit down and tell you of some interesting experience that he has had, and tell it well, so that he instructs you; but ask him to put what he has said into writing for publication, and he at once says either that is "*not much at writing*," or has no time, or puts it off for the *to-morrow* that never comes. It is almost inconceivable how much valuable material is thus annually consigned to oblivion. This is to be greatly regretted, and we desire to strongly urge upon all physicians to "write more." Never mind if you do not possess a "literary style," or if your pen does not glide over the paper with the facility of a Gross, a Bartholow, a Stillé, or a Flint; send in your contributions clad in good, honest *homespun*, and we will find a place for them—for it is just such plain, practical material that, in our judgment, tends to increase our knowledge of the healing art.

Notes and Comments.

The Treatment of Excessive Salivation During Pregnancy.

Owing to the ordinary insignificance of this ailment, few medical works contain a lengthened account of it. Dr. Y. Schramm, however, had the opportunity, in the autumn of 1885, of observing a very severe case, and he has published some notes of it in a Scandinavian journal. Numerous remedies were employed with very little effect, for at first he imagined the salivation to be due to chronic mercurialization; but, later, he discovered that the patient was pregnant, and that pregnancy was the cause of the condition. Neither the iodide of potassium, recommended by Le Maestre, nor Von Ebstein's atropine treatment, had any effect. Galvanizing the sympathetic also exercised only a very slight effect. Galvanizing the cervical sympathetic was resorted to with no perceptible result. Dr. Schramm then tried subcutaneous injections of pilocarpin (as recommended by Von Labbe and Daveyeux). After seven injections of pilocarpine chloride, 0.01 gramme per dose, there was a diminution of the daily quantity of saliva, as well as improvement in the general health of the patient. The excessive secretion, however, could not be entirely stopped. Bromide of potassium was tried, which acted quickly in the reduction of the flow; and Dr. Schramm prefers bromide of potassium to all other drugs, as it is harmless during pregnancy, and yet exercises a distinct effect on the salivary nerves, and on the origin of the facial nerve in the medulla oblongata, and also on the secretory filaments of the sympathetic. Professor Fleck made a chemical examination of the saliva, and found that ptyalin was absent.

Action of Tin on the Animal Organism.

The accidental poisoning by "tinned provisions," which has been attributed to the formation of stannous or stannic salts, has induced Dr. T. P. White to investigate the subject experimentally (*Pharmaceutical Journal*). The conclusions arrived at are: that tin has a direct irritant action on the inter-

tines, increasing peristaltic movements; that it causes weakness, as the result of some action on the spinal cord; that it irritates some of the nuclei about the floor of the fourth ventricle, said to be shown in convulsive tremors and disorder of respiration; that the heart is not directly affected; and, lastly, that experiments with the metal, when acted upon by muriatic, acetic, or "fruit" acids were decidedly unsuccessful. It is therefore considered that tin, though possessing toxic properties when introduced into the blood, is devoid of danger when taken internally in any form that could result from contact with fruit or vegetables. Dr. White regards the cases of accidental poisoning as due to the solder used in sealing the cans, or to impurities of arsenic, copper, and lead in the tin itself.

Spiræa Filipendula in Hydrophobia.

A Polish medical man, Dr. Fürst Ignatz Jagell, who says he has for five and twenty years interested himself in the treatment of hydrophobia, declares in a Russian journal that during that period he has treated 88 persons who had been bitten by rabid dogs or wolves, 26 of the patients having already commenced to exhibit the early symptoms of hydrophobia. Notwithstanding this, however, he did not lose a single case. They were all treated with the same remedy, viz., an infusion of the cortex spiræa filipendula (dropwort). It is needless to say that Dr. Jagell does not approve of Pasteur's proceedings; but how is it that we have not heard of his own remarkable success before? The plant he uses is not entirely unknown to pharmacy, the root and the leaves being sometimes employed, and believed to have astringent and diuretic effects.

Dislocation of the Testicle.

Dr. Smith reports in the *Indian Medical Gazette* for July, 1886, the case of a soldier who was struck with a rifle-butt in the scrotum. He complained of great pain, and examination showed absence of the left testicle from its normal position, and the presence of a small rounded tumor, very sensitive on pressure, in the groin about at the internal ring. Nothing was done for the man except to relieve him of heavy work. Some months later the soldier died of beri-beri, and on post-mortem examination the testicle was found lying within the abdominal cavity, where it had contracted some adhesions to the peritoneum. A slit was seen at the internal ring, through which the little finger could be passed into a pouch running toward the scrotum. The man stated, at the time of the receipt of the injury, that the two testicles had always been present in the scrotum up to the time of the accident.

A Suggested Alteration in the Compound Liquorice Powder.

Having found that the above preparation produced very severe griping in many instances where he had ordered it, the griping being particularly severe in some of his younger patients, Dr. Martin Oxley (*Lancet*), has ordered the following formula for some time past, in which anise fruit is substituted instead of the fennel, and one-fourth part of ginger is added. The altered formula runs thus—senna and liquorice-root, of each 2 parts; anise fruit and sulphur, of each 1 part; sugar, 5¾ parts; ginger, ¼ part. This altered preparation is quite as satisfactory in its laxative properties, is less liable to gripe, and is as pleasant to take as the officinal powder, and he would suggest its trial in cases where the powder as now prepared produces the disagreeable effects to which he has referred.

Faradization of the Uterus as a Hæmostatic Agent.

In the *Bullet. Général de Thérapeutique*, Ramos gives details of a case in which a slight but persistent hemorrhage followed abortion in a multipara. After a careful examination, the absence of placental remains or tumor was recognized. All available agents, such as ergot, perchloride of iron, and plugging, failed. The patient becoming steadily weaker, electricity was tried as a last resource. One pole of the battery was placed upon the abdomen over the symphysis, and the other placed directly on the cervix. The patient had pains, and in five minutes the bleeding ceased. Three days later, hemorrhage again commenced, but ceased after a prolonged application of the battery. Under tonic and hydro-therapeutic treatment the patient recovered completely.

Colombine.

M. Roux has observed the effect of pure colombine on fowls, the only animals which he has been able to get to take the medicine by way of the mouth. The symptoms produced by the ingestion of the poison were those that are associated with fatty degeneration of the liver and destruction of its working elements. Colombine irritates the intes-

tinal tube, causing increased secretion from the gastric, intestinal, and biliary surfaces. The occurrence of these serious symptoms makes it necessary that the administration of the drug to human beings should always be in the form of small doses. The daily dose to commence with should not exceed one centigramme of the alkaloid, and the powders of columba are to be preferred to the less certain alcoholic and ethereal liquid extracts.

Squills in Whooping-cough.

M. Nettier, of Nancy, has treated a number of cases of whooping-cough with simple oxymel scillæ, which he observes ought to be ascertained to be good, as specimens to be found in pharmacies are of very different qualities. He advises the entire abandonment of cough syrups, and gives the squill even when there is diarrhœa and a good deal of vomiting. In the case of children who do not expectorate, he even adds emetic drugs to the squill. He has seen cure result from this method of treatment in a few days, cases of failure being very rare. A colleague of M. Nettier, M. Remy, corroborates his statements, and says he has seen cases that have been going on for weeks yield to oxymel scillæ in a few days.

Cocaine in Uncontrollable Vomiting in Pregnancy.

Dr. F. Engelmann, in the *Centralblatt für Gynäkologie*, No. 25, 1886, records a case of extreme prostration and emaciation due to vomiting of pregnancy, in which cocaine seems to have acted as a charm. He says: "Ten drops of a 10 per cent. solution were taken thrice daily. After the first dose, which was taken in the evening, patient felt better, so that she tried a drink of water, which produced no inclination to vomit. After two days the solution was taken in smaller doses, and then stopped. Neither vomiting nor retching occurred after the first dose, so that the action of the drug must be looked on as wonderful." Every other treatment had failed before the cocaine was tried.

Diseases of the Uterus Treated by Fluids.

At the medical Congress at Nancy, M. Gairal, senior, presented an apparatus which he calfed a uterine basin, the object of which was to check uncontrollable vomiting in pregnant women, and to support the womb, which had become too heavy, by bringing it in permanent contact with a liquid which would cause local anæsthesia. M. Gairal referred to the question of leucorrhœa, on which gynæcologists were not agreed. He adopted a local treatment by a special method based upon the disposition of the vaginal mucous membrane, and the use of a vegetable charcoal powder introduced by means of a small insufflator.

How to Administer Quinine in Malarial Intermittent Fevers.

The following, though not new, has proved of such good service in several hundred cases of malarial fevers which came under our care, that we deem it of sufficient importance for publication. This way of administering the anti-periodic was suggested to us a number of years ago by our friend, Dr. H. D. Schmidt, who claims to have gotten it from the late Prof. G. B. Wood, of Philadelphia:

In intermittent fever always give the quinine in the intermission, the first dose twelve hours before the expected paroxysm, a second dose six hours after the first, and a third dose three hours after the second; given in this way the dose need seldom exceed five grains.

The Local Treatment of Syphilitic Affections.

M. Gilles, in a communication to the Biological Society (*Le Progrès Médical*, 24th July, 1886), on the microbic nature of local syphilitic affections, deals with the treatment of them. He has obtained excellent results by local baths to the affected parts. He has found this method succeed where general treatment had failed. Especially he has noted the results in palmar and plantar psoriasis which has been either early or late in appearing. He uses a solution of mercury, and gives the local bath for ten minutes. Crusts have to be removed to allow the parasiticide free action.

Ulexine.

It is curious that the common furze, or Ulex Europæus, should have been found to yield an alkaloidal substance; for it has been so frequently examined chemically in order to ascertain its nutritive qualities that one would have thought an active alkaloid could not have escaped detection. However, Mr. Gerrard has extracted an alkaloid that is very soluble in dilute hydrochloric acid, forms long oblique prismatic crystals, readily soluble in chloroform, and giving with ferric chloride a deep-red color. The physiologi-

cal action has not yet been worked out, but it has been found that the alkaloid has a paralytic action on frogs.

Electrolysis for Nævus.

Dr. A. Mayor, of Geneva, published an interesting case of an erectile tumor (a nævus of the cutaneo-subcutaneous variety) on the back, in a girl, aged 10 months, where he successfully tried electrolysis. The number of sittings was two; the duration of each about two minutes. The dose of the current was only two milliampères (from four cells of Leclanché's battery). On examination of the patient about four years later, not a trace of the nævus (which originally was of the size of a nut) was detected.

Treatment of Acne.

Hutchinson claims that ninety per cent. of all forms of acne is due to some hyperæmic condition of the genital organs, basing his conclusions mainly upon the fact that the disease makes its appearance at puberty. He successfully treats cases that persistently resist internal medication by the use of the cold urethral sound in the male, and the hot vaginal douche in the female, conjoined with a placebo. Beneficial results are secured in one to two weeks, and a cure in a month or two.

Tribromide of Allyl.

This compound, which has been known to the chemical world since 1857, has been found to be of value in medicine, in the treatment of hysteria, infantile convulsions, angina, and asthma. Dr. de Fleury administers it in five-minim doses enclosed in capsules, from ten to twenty minims being taken by the mouth in the twenty-four hours; the drug may be injected under the skin in doses of from two to four drops, dissolved in one or two cubic centimetres of ether.

Thrush, or Sore Mouth of Infants,

Is often due to the rough and careless swabbing out of the mouth of the child by the nurse, who uses the corner of a coarse towel, and proceeds as if she were scrubbing the kitchen floor or back stairs. In Prague, since Obstein has forbidden the washing of the mouths of infants born under his care, stomatitis has almost disappeared from the lying-in, whereas previously 52 per cent. of the infants born there, and under ten days old, were afflicted.

Hypodermic Solution of Quinine.

Where it is necessary to administer quininine subcutaneously, the following formula is recommended by Dr. S. Burt, as being as little irritating as possible:

℞.	Quiniæ bisulphatis,	ʒj.
	Acidi borici,	gr. ij.
	Morphiæ sulphatis,	gr. ¼.
	Aquæ destillatæ,	ʒj.

Sig.—For hypodermic use. One drachm contains seven and half grains of quinine.

Anodyne for Vesical Irritation.

Dr. Copeland recommends the following as an injection for the chronic inflammation of the neck of the bladder, in old men with enlarged prostates: Ten grains of the benzoate of soda to one ounce of water, to which is added 20 or 30 drops of the green tincture of gelsemium. This is warmed, and injected into the bladder when the pain is severe. It should be retained for 20 or 30 minutes, and then either evacuated or drawn off.

Tinea Tonsurans.

Dr. Van Harlingen (*Medical Times*, August 20) gives the following new formulæ:

℞.	Potassii iodidi,	ʒss.	
	Liq. potassæ,	ʒj,	M.

The hair is to be closely clipped and this sopped on to the scalp, with a pledget of lint, once daily; when dry, the following solution should be applied at the same points:

℞.	Hydrargyr. bichlor.,	gr. iij.	
	Aquæ,	ʒj.	M.

Cough Mixture.

Dr. H. C. Wood (*Therapeutic Gazette*) recommends the following as an excellent sedative cough mixture:

℞.	Pot. citrat.,	ʒj.	
	Succi. limon.,	ʒij.	
	Syr. ipecac,	ʒss.	
	Syr simplicis,	ad. ʒvj.	M.

Sig.—ʒss. four to six times a day.

Paregoric may be added when there is much cough or irritability of the bowels.

Mixture for Asthma.

The following prescription is much used by Dr. Fothergill in the treatment of asthmatic patients:

℞.	Amm. iodidi,	ʒij.	
	Amm. bromidi,	ʒiij.	
	Syr. tolu,	ʒiij.	
	Tinct. lobeliæ,	ʒv.	M.

Dose.—A teaspoonful.

Ready Treatment of Gleet.

Dr. Robt. T. Morris (*Kansas City Med. Index*) advises equalization of the urethra throughout its extent either by section or dilatation. This is to be followed by an injection of

℞. Bismuthi subnit., ℥j.
Glycerinæ, f℥j.
Aquæ, f℥ij.
M. S.—Inject three or four drams before retiring.

This is to be passed as far back as possible by rubbing the finger backward along the urethra; after the greater part has escaped, the meatus should be closed by a small wad of cotton. This injection should be continued until no further discharge is noted, which may be as early as the third injection, but this must be repeated two or three times at intervals of a week or ten days.

Gonorrhœal Rheumatism.

Bartholow uses small blisters about, but not over, the joint. He derives the best results from the use of tincture of iron internally. The green iodide of mercury, one-twentieth to one-twelfth of a grain thrice daily, with the sixth to a quarter of a grain of belladonna or minute doses of the bichloride, with iron and blisters, are useful.

Creasote a Specific for Erysipelas.

Six to twenty drops of creasote to an ounce of water is regarded by a contributor to the St. Louis *Medical Joarnal* as a specific for erysipelas. He applies it on cloths soaked in the solution, and says that in the treatment of hundreds of cases but one was fatal, and that in an old and decayed system.

For Myalgia.

Professor Bartholow (*Coll. and Clin. Rec.*) recommends the following liniment for myalgia:

℞ Chlor. hyd., ℥j.
Lin. sapon., ℥ij. M.

News and Miscellany.

Ninth International Medical Congress.

Circular no. 2.

The Ninth International Medical Congress will assemble in the city of Washington, the capital of the United States, on Monday, September 5th, 1887, at 12 o'clock noon, in accordance with the arrangements made at Copenhagen in August, 1884.

Patrons.

The President of the United States, the Hon. Grover Cleveland.

The Secretary of State, the Hon. Thomas F. Bayard.

The President of the Senate of the United States, the Hon. John Sherman.

The Speaker of the House of Representatives of the United States, the Hon. John G. Carlisle.

PROPOSED OFFICERS OF THE CONGRESS.

President.—Nathan S. Davis, M. D., LL. D., Professor of the Principles and Practice of Medicine and of Clinical Medicine, Chicago Medical College, and of Mercy Hospital, Chicago, Illinois.

Vice-Presidents, as far as appointed.—McCall Anderson, M. D., London, England; Mr. Thomas Annandale, Professor of Clinical Surgery, Edinburgh University, Edinburgh, Scotland; Professor Dujardin-Beaumetz, M. D., Paris France; Cuthbert Hilton Golding-Bird, M. D., Professor of Physiology, Guy's Hospital, London, England; Professor Carl Braun, M. D., Vienna, Austria; William Brodie, M. D., Emeritus Professor of Principles and Practice of Medicine and Clinical Medicine, Detroit College of Medicine, Detroit, Michigan; W. H. Dawson, M. D., Professor of Surgery and Clinical Surgery, Medical College of Ohio, Cincinnati, Ohio; Thomas M. Dolan, M. D., Halifax, England; F. R. Frazer, M. D., Professor of Materia Medica and Therapeutics, University of Edinburgh, Edinburgh, Scotland; J. A. Grant, M. D., Ottawa, Canuda; J. A. S. Grant, M. D., Cairo, Egypt; A. L. S. Gusseraw, M. D., Professor of Obstetrics, Berlin, Prussia; Dr. Hans Ritter von Hebra, Vienna, Austria; Dr. E. Klein. London, England; Mons. Le Baron H. Larrey, Paris, France; Sir William MacCormac, Surgeon St. Thomas' Hospital, London, England; Mr. George B. Macleod, Professor of Surgery, Glasgow, Scotland; John S. McGrew, M. D., Honolulu, Hawaiian Islands; E. M. Moore, M. D., LL. D., Rochester. New York; Professor von Monseil, Bonn, Prussia; Dr. Müller, Berlin, Prussia; William Murrell, M. D., London, England; Charles D. F. Phillips, M. D., M. R. C. S., late Lecturer on Materia Medica and Therapeutics, Westminster Hospital, London, England; Mr. Richard Quain, Professor of Anatomy, London, England; Tobias G. Richardson, M. D., Professor of General and Clinical Surgery, Medical Department, Tulane University, New Orleans, Louisiana; Mons. P. Ricord, Paris, France;

Professor John Burdon Sanderson, M. D., London, England; Lewis A. Sayre, M. D., Professor of Orthopedic and Clinical Surgery, Bellevue Hospital Medical College, New York; Dr. Mariano Semmola, Professor of Experimental Therapeutics, University of Naples, Italy; Dr. Leopold Servais, Antwerp, Belgium; J. M. Toner, M. D., Washington, D. C.; Dr. P. G. Unna, Hamburgh, Germany; Professor F. Winckel, Dresden, Saxony; The President of the American Medical Association; the Surgeon-General of the United States Army; the Surgeon-General of the United States Navy.

Secretary-General.—John B. Hamilton, M. D., Supervising Surgeon-General of the United States Marine Hospital Service; Professor of Surgery, Georgetown University, D. C.; Professor of Surgery, Chicago Polyclinic.

Treasurer.—E. S. F. Arnold, M. D., M. R. C. S., Newport, Rhode Island.

Chairman of the Finance Committee.—Richard J. Dunglison, M. D., Philadelphia, Pennsylvania.

Chairman of the Executive Committee.—Henry H. Smith, M. D., LL. D., Emeritus Professor of Surgery in the University of Pennsylvania, Philadelphia, Pennsylvania.

Chairman of the Committee of Arrangements.—A. Y. P. Garnett, M. D., Emeritus Professor of Clinical Medicine, Columbia University, Washington, D. C.

The Congress will consist of such members of the Regular Medical Profession as shall have registered and taken out their ticket of admission, and of such other scientific men as the Executive Committee of the Congress shall deem it desirable to admit. The books for the registration of members will be open from 9 a. m. to 5 p. m., on Thursday, September 1, 1887, and on each subsequent day dnring the session, under the charge of the "*Reception Committee.*" Any member desiring to anticipate this registration can apply by letter to the Secretary-General and forward his dues, with his address in full, when a receipt will be returned.

The dues for membership for residents of the United States will be ten dollars ($10.00). There will be no dues for members residing in other countries. Each member will be entitled to receive a copy of the "*Transactions*" of the Congress, when published by the Executive Committee.

The general sessions of the Congress will be devoted to the transaction of business and addresses and communications of general scientific interest, by members appointed by the Executive Committee. A printed "programme" of the sessions will be presented to each member on registering. A printed "Order of Business" for each day will also be issued.

The work of the various sections will be directed by the president of the section, and the order will be published in a daily programme for each section. Questions and topics that have been agreed on for discussion in the sections, shall be introduced by members previously designated by the titular officers of each section. Members who shall have been appointed to open discussions, shall present to the secretaries of the section, in advance, statements of the conclusions which they have formed as a basis for the debate.

Brief abstracts of papers to be read in the sections shall be forwarded to the secretaries of the proper section on or before *April* 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress. Papers relating to topics not included in the list of subjects proposed by the officers of the sections, may be accepted after April 30, 1887, and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress. The titular officers of each section shall decide as to the acceptance of such proposed communications, and the time for their presentation. No communication shall be received which has been already published or read before a society.

The official languages of the Congress shall be English, French and German. Each paper or address shall be printed in the "*Transactions*" in the language in which it was presented. Preliminary abstracts of papers and addresses shall also be printed in the language in which each is to be delivered. All discussions shall be printed in English.

The officers of the Congress and the officers of the sections, including all foreign officers, will be nominated to the Congress by the Executive Committee, at the opening of the first session. A partial list of the officers to be nominated (except the members of Council of the different sections, the list of whom is at present imperfect), is offered herewith.

The Executive Committee cordially invites members of the regular medical profession, and men eminent in the sciences collateral to medicine, in all countries, to participate, in person or by papers, in the work of this great humanitarian assembly. Communications relating to ap-

pointments for papers to be read in Congress shonld be addressed to Dr. John B. Hamilton, Secretary-General of the Ninth International Medical Congress, Washington, District of Columbia. All questions or communications connected with the business of the Executive Committee should be addressed to Dr. Henry H. Smith, Chairman of the Executive Committee of the Ninth International Medical Congress, Philadelphia, Pennsylvania. Gentlemen named in any position in the Congress are requested to notify the Chairman of the Executive Committee, as soon as practicable, of any error in the name, title, or address in this circular.

Ladies in attendance with members of the Congress, and those invited by the "Reception Committee," may attend the general sessions of the Congress when introduced by a member. They will also be invited to attend the Social Receptions. The Executive Committee reserves the right to invite distinguished persons to any or all the meetings of the Congress. The attendance of medical students and others interested in the work of the various sections or in the general addresses delivered in the Congress, will be permitted, on the recommendation of the Secretary-General or the officers of a Section, on their taking out from the Registration Committee a general ticket of admission, fee one dollar ($1.00); but such persons can not take part in the proceedings.

All communications and questions relating to the special business of any Section, must be addressed to the President or one of the Secretaries of that Section. As many details of the Congress and numerous appointments of officers are yet to be completed, other circulars will be issued from time to time, as circumstances may demand.

The following is the list as at present completed:

Executive Committee of the Congress.—Henry H. Smith, M. D., LL. D., Chairman; N. S. Davis, M. D., LL. D.; John B. Hamilton, M. D.; E. S. F. Arnold, M. D.; Richard J. Dunglison, M. D., Secretary; Abram B. Arnold, M. D.; William T. Briggs, M. D.; De Laskie Miller, M. D., Ph. D.; James F. Harrison, M. D.; F. H. Terrill, M. D.; William H. Pancoast, M. D.; John H. Callender, M. D.; Alonzo B. Palmer, M. D., LL. D.; J. Lewis Smith, M. D.; E. Williams, M. D.; S. J. Jones. M. D., LL.D.; William H. Daly, M. D.; A. R. Robinson, M. D.; Joseph Jones, M. D.; Albert L. Gihon, M. D.; John P. Gray, M. D., LL. D.; Jonathan Taft, M. D.; Frederick S. Dennis, M. D.; A. Y. P. Garnett, M. D.

PRESIDENTS OF SECTIONS.

General Medicine.—Abram B. Arnold, M. D., Professor of Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md.

General Surgery.—William T. Briggs, M. D., Professor of Surgery, University of Nashville, Nashville, Tenn.

Military and Naval Surgery and Medicine.—Henry H. Smith, M. D., LL. D., Emeritus Professor of Surgery, University of Pennsylvania, and formerly Surgeon-General of Pennsylvania, Philadelphia, Pa.

Obstetrics.—DeLaskie Miller, M. D., Ph. D., Professor of Obstetrics, Rush Medical College, Chicago, Ill.

Gynæcology.—James F. Harrison, M. D., Professor of Obstetrics, etc., University of Virginia, Va.

Therapeutics and Materia Medica.—F. H. Terrill, M. D., Professor of Therapeutics, University of California, San Francisco, Cal.

Anatomy.—William H. Pancoast, M. D., Professor of General, Descriptive, and Surgical Anatomy, Medico-Chirurgical College, Philadelphia, Pa.

Physiology.—John H. Callender, M. D., Professor of Physiology and Psychology, University of Nashville, Nashville, Tenn.

Pathology.—Alonzo B. Palmer, M. D., LL. D., Professor of Pathology, University of Michigan, Ann Arbor, Mich.

Diseases of Children.—J. Lewis Smith, M. D., Professor of the Diseases of Children, Bellevue Hospital Medical College, New York, N. Y.

Ophthalmology.—E. Williams, M. D., Professor of Ophthalmology, Miami Medical College, Cincinnati, Ohio.

Otology.—S. J. Jones. M. D., LL. D., Professor of Ophthalmology and Otology, Chicago Medical College, Chicago, Ill.

Laryngology.—William H. Daly, M. D., Pittsburgh, Pa.

Dermatology and Syphilis.—A. R. Robinson, M. D., Professor of Dermatology, New York Polyclinic, and of Histology and Pathological Anatomy, Woman's Medical College of the New York Infirmary, New York, N. Y.

Public and International Hygiene.—Jos. Jones, M. D., Professor of Chemistry and Clinical Medicine, Tulane University; ex-President Board of Health, New Orleans, Louisiana.

Medical Climatology and Demography.—Albert L. Gihon, M. D., Medical Director U. S. Navy.

Psychological Medicine and Nervous Diseases.—John P. Gray, M. D., LL. D., Pro-

fessor of Psychological Medicine and Medical Jurisprudence, Bellevue Hospital Medical College, Utica, N. Y.

Dental and Oral Surgery.—Jonathan Taft, M. D., Professor of Dental and Oral Surgery, University of Michigan, Ann Arbor, Mich., Cincinnati, Ohio.

VICE-PRESIDENTS OF SECTIONS.

General Medicine.—W. W. Cleaver, M. D., Kentucky; J. A. Octerloney, M. D., Kentucky; P. G. Robinson, M. D., Missouri; Thomas F. Rochester, M. D., New York; Preston B. Scott, M. D., Kentucky.

General Surgery.—Moses Gunn, M. D., Illinois; J. W. Hamilton, M. D., Ohio; W. H. Hingston, M. D., Canada; James M. Holloway, M. D., Kentucky; J. C. Hutchison, M. D., New York; N. S. Lincoln, M. D., District of Columbia; Donald MacLean, M. D., Michigan; Donald Macrea, M. D., Iowa; M. Storrs, M. D., Connecticut.

Military and Naval Surgery and Medicine.—C. J. Cleborne, M. D., United States Navy; E. H. Gregory, M. D., Missouri; Frank H. Hamilton, M. D., New York; W. T. Hord, M. D., United States Navy; Frederick Hyde, M. D., New York; G. L. Porter, M. D., Connecticut; Wm. E. Taylor, M. D., United States Navy; B. A. Watson, M. D., New Jersey.

Obstetrics.—Gustav Braun, M. D., Austria; P. Budia, M. D., France; J. Galabin, M. D., England; John Goodman, M. D., Kentucky; W. M. Knapp, M. D., Nebraska; R. L. Sibbet, M. D., Pennsylvania; Isaac E. Taylor, M. D., New York.

Gynæcology.—N. Bozeman, M. D., New York; Henry O. Marcy, M. D., Massachusetts; T. A. Reamy, M. D., Ohio; H. R. Storer, M. D., Rhode Island.

Therapeutics and Materia Medica.—Henry M. Field, M. D., New Hampshire; Albert Frické, M. D., Pennsylvania; George Gray, M. D., Ireland.

Anatomy.—C. W. Kelly, M. D., Kentucky; Samuel Logan, M. D., Louisiana.

Physiology.—

Pathology.—Andrew Fleming, M. D., Pennsylvania; J. B. Johnson, M. D., Missouri; Henry F. Lyster, M. D., Michigan.

Diseases of Children.—William B. Atkinson, M. D., Pennsylvania; William G. Booker, M. D., Maryland; Cadet de Gassicourt, France; Edward Hunoch, Prussia; Adoniram B. Judson, M. D., New York; J. P. Owen, M. D., Massachusetts; Eustace Smith, M. D., England; Charles West, M. D., England; Joseph E. Winters, M. D., New York.

Ophthalmology.—A. W. Calhoun, M. D., Georgia; J. J. Chisholm, M. D., Maryland; P. D. Keyser, M. D., Pennsylvania; Dudley S. Reynolds, M. D., Kentucky.

Otology.—

Laryngology.—M. F. Coomes, M. D., Kentucky.

Dermatology and Syphilis.—James M. Keller, M. D., Arkansas; John V. Shoemaker, M. D., Pennsylvania.

Public and International Hygiene.—A. Nelson Bell, M. D., New York; John Berrien Lindsley, M. D., Tennessee; J. N. McCormack, M. D., Kentucky; J. F. Y. Paine, M. D., Galveston, Texas; Benjamin W. Richardson, M. D., England; John Simon, M. D., England; J. W. Thudicum, M. D., England.

Medical Climatology and Demography.—Dr. A. Chervin, Paris, France; Traill Green, M. D., Pennsylvania; John H. Hollister, M. D., Illinois.

Psychological Medicine.—Julius Athaus, M. D., England; R. H. Chase, M. D., Pennsylvania; Eugene Grissom, M. D., North Carolina; John C. Hall, M. D., Pennsylvania; P. A. Hooper, M. D., Arkansas; J. S. Jewell, M. D., Illinois; S. S. Schultz, M. D., Pennsylvania.

Dental and Oral Surgery.—W. W. Allport, M. D., Illinois; S. W. Dennis, M. D., California; C. L. Ford, M. D., Michigan; H. L. McKellops, M. D., Missouri; A. T. Metcalf, M. D., Michigan; W. H. Morgan, M. D., Tennessee; A. L. Northrop, M. D., New York.

SECRETARIES.

General Medicine.—J. W. Chambers, M. D., Baltimore, Maryland.

General Surgery.—Dudley P. Allen, M. D., Cleveland, Ohio; Carl Mayde, M. D., Germany; J. R. Weist, M. D., Richmond, Ind.; A. H. Wilson, M. D., South Boston, Mass.

Military and Naval Surgery and Medicine. J. McF. Gaston, M. D., Atlanta, Georgia; E. A. Wood, M. D., Pittsburg, Pa.

Obstetrics.—A. Charpentier, M. D., Paris, France; T. Felsenreich, M. D., Vienna, Austria; W. W. Jaggard, M. D., Chicago, Ill.; John Williams, M. D., London, England.

Gynæcology.—Ernest W. Cushing, M. D., Boston, Mass.

Therapeutics.—Frank Woodbury, M. D., Philadelphia, Pa.

Anatomy.—Henry Morris, M. D., Philadelphia, P.

Physiology.—R. W. Bishop, M. D., Chicago, Ill.

Pathology.—H. M. Biggs, M. D., New York, N. Y.; I. N. Himes, M. D. Cleveland, Ohio.

Diseases of Children.—

Ophthalmology.—S. C. Ayres, M. D., Cincinnati, Ohio.

Otology.—S. O. Richey, M. D., Washington, D. C.

Laryngology.—William Porter, M. D., St. Louis, Missouri.

Dermatology.—W. T. Corlett, M. D., Cleveland, Ohio; F. E. Daniel, M. D., Austin, Texas.

Public and International Hygiene.—Geo. H. Rohé, M. D., Baltimore, Md.; Walter Wyman, M. D., U. S. Marine Hospital Service, New York, N. Y.

Climatology and Demography.—Charles Denison, M. D., Denver, Colorado; James F. Todd, M. D. Chicago, Illinois.

Psychological Medicine.—E. D. Ferguson, M. D., Troy, N. Y.; E. Landolt, M. D. (Berlin, Prussia), Paris, France.

Dental and Oral Surgery.—Edward A. Bogue, M. D., New York, N. Y.; S. F. Rehwinkle, M. D., Chillicothe, Ohia.

Committee of Arrangements, Washington, D. C.—A. Y. P. Garnett, M. D., *Chairman;* J. M. Toner, M. D., *Vice-Chairman;* C. H. A. Kleinschmidt, M. D., *Secretary;* D. C. Patterson, M. D., *Treasurer.*

Executive Committee.—Drs. A. Y. P. Garnett, J. M. Toner, N. S. Lincoln, C. H. A. Kleinschmidt, Surgeon-General F. M. Gunnell, M. D., U. S. Navy; Surgeon-General Robert Murray, M. D., U. S. Army; Supervising Surgeon-General J. B. Hamilton, M. D., U. S. Marine Hospital Service; Chief Medical Purveyor J. H. Baxter, M. D., U. S. Army.

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Committee on Entertainments.—Dr. N. S. Lincoln, *Chairman.*

Committee on Transportation.—Dr. J. W. H. Lovejoy, *Chairman.*

Committee on Place of Meeting for Congress and Sections.—Dr. D. C. Patterson, *Chairman.*

By order of the Executive Committee of the Congress.

HENRY H. SMITH, M D.,
Chairman.

RICHARD J. DUNGLISON, M. D.,
Secretary.

American Academy of Medicine.

Tenth Annual Session at Pittsburgh, Pa., October 12 and 13, 1886.

The meeting was called to order by Dr. R. Stanbury Sutton, the President. Dr. Purvis, A. M., M. D., pastor of the First Presbyterian church, in which the meeting was held, led in prayer.

After considerable routine business, a paper was read by W. Dimplison, A. M., M. D., of Philadelphia, on "The Laws Regulating Practice in the Different States."

F. N. Gerrish, A. M., M. D., of Portland, Maine, followed with a paper. Subject, "The Best Equipment for Medical Study."

The special committee appointed to report on the best preliminary education for medical students next made its report. The chairman, F. N. Gerrish, A. M., M. D., spoke strongly in favor of a classical education for all students, and referred with feeling to the prostitution of the medical profession by colleges which were little more than mere speculators.

John D. Kelley, A. M., M. D., of Lowville, N. Y., read on "The Status of Medical Education in the United States."

L. P. Bush, A. M., M. D., of Wilmington, Delaware, read on "The Advantages of a Classical Education to the Medical Student and Physician." He took decided ground in favor of a classical education. W. H. Pancoast, A. M., M. D., of Philadelphia, thought that too much Latin and Greek were studied at a tender age. He thought youths should study more French and German. He referred to the German system of education. They are the most classical students in the world.

J. Chester Morris, A. M., M. D., of Philadelphia, next read on "Prolonged Gestation," relating interesting cases.

Traill Green, A. M., M. D.. Easton, Pa., "The Duties of Physicians to Each Other."

A. C. Kemper, A. M., M. D., Cincinnati, "A Christian Education the Best Preparation for the Practice of Medicine."

Henry O. Marcy, A. M., M. D., "Is Modern Wound Treatment Scientific?"

Virgil P. Gibney, A. M., M. D., of New York, "Treatment and Management of Tubercular Spondylitis."

Nathan Allen, A. M., M. D., Lowell, Mass., "Physical culture in Amherst College." He favored gymnastics over feats of ball, rowing, etc., which only developed certain muscles.

Geo. E. Stubbs, A. M., M. D., Philadelphia, "What should Physicians Advise as to the Education of Young Women?"

The following new members were elected: J. G. Sloane, A. M., M. D., Monongahela City; M. H. Borland, A. M., M. D., Pittsburgh; C. H. von Klein, A. M., M. D., Dayton, Ohio; A. B. Threasher, A. M., M. D., Cincinnati; Philip Zenner, A. M., M. D., Cincinnati; Richard Hogsden, A. M., M. D., Abington, N. Y.; W. B. Canfield, A. M., M. D., Baltimore; E. Wirst, A. M., M. D., Chicago; L. Curtis, A. M., M. D., Chicago; R. I. Buntley, A. M., M. D., Pittsburgh; S. D. Jennings, A. M., M. D., Allegheny; W. D. Kearns, A. M., M. D., Pittsburgh; John Dubb, A. M., M. D., Pittsburgh; N. J. R. Klein, A. M., M. D., Greensburgh, Pa.; W. C. Shaw, A. M., M. D., Pittsburgh; J. C. Connell, A. M. M. D., Pittsburgh.

The nominating committee reported the following names:

President—L. P. Bush, A. M., M. D., Wilmington, Delaware.

Vice Presidents—R. I. Sibberts, A. M., M. D., Carlisle, Pa.; S. J. Jones, A. M., M. D., Chicago; P. S. Connor, A. M., M. D., Cincinnati; W. P. Gibney, A. M., M. D., New York.

Secretary and Treasurer—R. J. Dunglison, A. M., M. D., Philadelphia.

Assistant Secretary—Chester McIntyre, Jr., A. M., M. D., Pittsburgh.

Dr. R. Stansbury Sutton delivered the

PRESIDENT'S ADDRESS.

He welcomed the members of the Society to Pittsburgh on this, their first meeting west of the Alleghenies. This city is the gateway to the great Ohio valley, and as civilization went out through it westward on the bosom of "the beautiful river," so may ideas of a higher education for the physician in the United States, from your meeting here, spread out over this great western country.

In the United States the lives and health of 60,000,000 people are in the hands of the medical profession. This responsibility is too great for other than educated shoulders to bear. While there are many men of might in this noble profession of ours, yet there are many others absolutely destitute of both general and professional knowledge. The fact that venders of patent medicines become mllionaires while many a diplomated doctor fails to obtain subsistence, proves that there is a growing dissatisfaction with the profession. The multiplication of medical mountebanks and peripatetic physicians strongly sustains this statement. The improper and unmanly methods to which many physicians resort to obtain practice shows that hunger is at the root of the struggle. These and similar evils demand attention. The cause first in injury is the number and nature of our medical schools. He referred with words of praise to the schools established during the first century of the nation's life. At the end of this first century the supply of schools and men exceeded the demand. Most of the excess came from a large number of small schools, whose deficiency prevented an honest competition with their more favored rivals. Necessity made them and their wares cheap. Financially, they have been failures, and their faculties have lost money. They found solace, however, for money spent by being dubbed "professor," and their incompetent graduates were compelled to become drummers for their alma mater, by bringing in the cases they could not master to their teachers. The medical men of other centres of population, hearing of this new manner of gaining practice, secured a charter, erected buildings, and proceeded to business. Medical mills multiplied until we have now 101 incorporated institutions, good and bad, in the United States. These are attended annually by 15,000 students, and graduate each year nearly one-half this enormous number. During the seventh decade of this century, 25,000 medical men were added to the list.

He recounted at length the evils resulting from this pernicious system of education, and recommended for its removal the only remedy—legislation.

He was Coming "Hindside Foremost."

Referring to the story of the young practitioner who mistook the anus of the child for the undilated os of the mother, the *South. Cal. Practitioner* says:

"This reminds us of a case we had in 1877. We were called in great haste to a case of confinement, and found in charge a well known Los Angeles midwife. She, in an excited manner, told us the baby was coming "hindside foremost," and that it was a little girl. The husband and wife and the neighboring women all looked in awe at the midwife who was able to so confidently foretell the sex. We examined, and found a face presentation. The midwife thought she had her finger in the vagina when it was in the child's mouth. The discomfiture of the old lady was complete when a ten-pound boy was born."

The Patient and the Doctor.

A peasant who was very ill and expected to die promised the doctor $50 if he saved his life. A fortunate turn of the disease en-

abled the doctor to pull his patient through, but when he presented his bill the peasant exclaimed:

"What a monstrous robbery! I'll never pay it!"

"But you set your own figures."

"Yes, but any jury will decide that I was too ill to transact business."

To Rapidly Heat Water.

A new form of vessel has been devised for heating water rapidly. It consists in studding the bottom of an ordinary metallic water vessel with copper rods, which pass through the bottom of the vessel into the water, where they are flattened out, and give up their heat very rapidly. By this means an experimenter has boiled one pint of water in a strong four-quart kettle weighing over six pounds, in fifty seconds.

Editorial Amenities.

Country Editor (to brother editor)—Ah! good morning, Brother Shears; glad to see you. And how are things up at Pigville?

Brother Shears—Flourishing just at present, but last month we had the hog cholera pretty bad.

Country Editor—I'm sorry to hear that. But you are looking well now, Brother Shears.

Labor Among Primitive Peoples.

The *Boston Med. and Surg. Journal* states states that in one of the largest book-stores of the "hub," the entire available force of the establishment was engaged for half a day in an ineffectual search for this work of Dr. Engelmann's in the department of political economy, attention being now so generally directed to [non-medical] labor questions.

Items.

—A "sandwich" man on Broadway, New York, carries the following legend on his sign: "Advertising is like hugging a pretty girl—it can't be overdone."

—In the last five years Billroth has performed operations on the stomach in thirty-two cases, with nineteen fatal results. Out of fifteen gastrectomies for cancer, there were seven recoveries.

—In the surgical clinic at Jefferson College, Philadelphia, lately, Professor Brinton remarked that when a man shaved or a woman did up her back hair, it was a certain sign they would get well.

—Toothache from decayed teeth is said by a Swiss authority to be relieved promptly by cotton-wool moistened with a mixture of equal parts of camphor and chloral, and a fifth as much cocaine.

—The papers that hoist before the public the figures of their circulation—apt to be fathomless lies—bear the same relation, remarks a lay contemporary, to admirable journalism that John L. Sullivan, whose circulation is much greater than Oliver Wendell Holmes's, bears to that intellectual autocrat.

—President Dwight, of Yale, whose back shows a sharp curve as he walks, says: "A little girl, after watching me walk for a while, remarked: 'Mamma, I think he is the stoopedest man I ever did see.'" The worthy president always enjoys a good story, even though it be at his own expense.

—A new tanning material, which, in the opinion of the *Leder Interessent*, is destined to play a leading *rôle* in the tanning industry of the future, is the tanekohe bark, from New Zealand, which is at present employed in Europe only at Grenoble, where it is applied to the dyeing of gloves. It contains 26.66 per cent. of tannic acid.

—At Walton (N. Z.) a family named Fitzimons—father, mother, and two children—were suffering severely from poisoning. A doctor administered remedies, and it was discovered that some gruel, of which all had eaten, had been made of meal which had been mixed with arsenic for the purpose of poisoning rats. The children were in a critical state, but the father and mother were in a fair way of recovery.

—A doctor having written to Mr. Gladstone pointing out the enormous number of deaths from consumption, and stating that the disease is "within our control," concluding by asking if the government is prepared to grant funds for investigating the matter, has been referred to the Royal Society, which has four thousand pounds a year placed at its disposal in aid of scientific investigations.

—A lady writes to the *Boston Journal:* "Our little two-year-old boy is very fond of medicine. No matter what the kind, he takes it with evident relish, and teases for it on all occasions. The other day he came running in and said he was sick and tired, and his leg ached, and he must have some. To pacify him, his mother gave him a teaspoonful of cough syrup. After lapping out the spoon, he looked roguishly up at her, and said in an appealing tone, 'Got two legs, mamma; mus' have anozer spoonful for ze ozer leg.'"